#### Individual ACA Dental Rate Guide for 2019

#### **About ACA Dental-**

ACA dental is offered at healthcare.gov and off exchange through agents. **NOTE: There is no requirement that you purchase** an ACA dental plan or any other dental plan. You are only eligible to purchase an ACA dental plan at the marketplace if you are also purchasing a health plan at the same time. Some health plans offered in the marketplace include dental coverage. You can see which plans include dental coverage when you compare them. If a health plan includes dental, the premium covers both health and dental coverage. Separate, stand-alone dental plans are also offered. If you choose a separate dental plan, you'll pay a separate, additional premium.

There are two categories of ACA dental plans: High and Low. The high coverage level has higher premiums but lower copayments and deductibles. So, you'll pay more every month, but less when you use dental services. The low coverage level has lower premiums but higher copayments and deductibles. So, you'll pay less every month, but more when you use dental services.

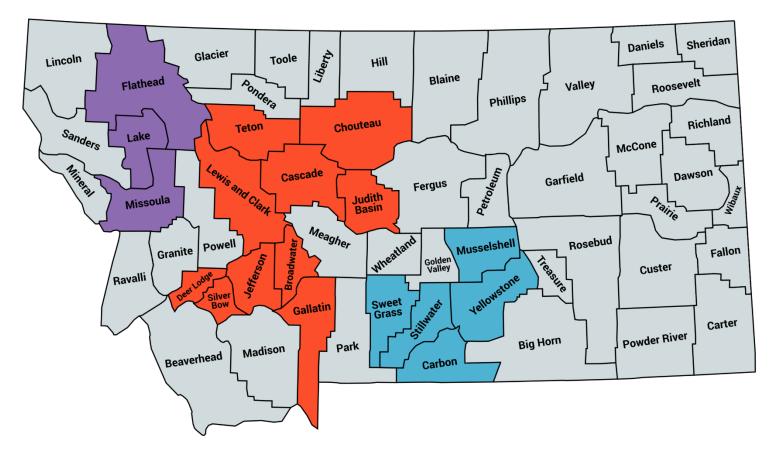
When you compare dental plans in the Marketplace, you'll find details about each plan's costs, copayments, deductibles, and services covered. At the end of this rate guide there are questions you should ask when purchasing dental insurance.

## **2019 Monthly Premiums for ACA Dental**

The rates shown in this rate guide are rounded for the specific ages shown. The age for each person is based on their first date of coverage in 2019. The area is based on county of primary residence. These tables may not include every possible monthly premium. Please see the policy language and be sure to review plan details to know what applies to deductibles, exact copays, provider networks, out-of-network coverage, etc.



## **ACA individual Dental Rating Areas**



# Counties in Rating Areas

Area 1: Carbon,
Musselshell, Stillwater,
Sweet Grass, and
Yellowstone

Area 2: Broadwater, Cascade, Chouteau, Deer Lodge, Gallatin, Jefferson, Judith Basin, Lewis and Clark, Silver Bow, and Teton

Area 3: Flathead, Lake, and Missoula

Area 4: All Other Counties

# **Area 1 Individual Adult ACA Dental Premium (Monthly) for 2019**

Area 1: Carbon, Musselshell, Stillwater, Sweet Grass, and Yellowstone Counties



	Company	Best Life & Health					Cross Shield	Delt	а	PacificSource	
	Plan Name	Advantage Gold	Plus Gold	Plus Silver	Basic Silver	BlueCare Dental 1A	BlueCare Dental 1B	Delta Dental PPO Preferred	Delta Dental PPO Basic	Dental Choice 0/20/50	Dental Choice 0/20/50 1500
	High/Low	High	High	Low	Low	High	Low	High	Low	High	High
	19	\$44	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$39
	20	\$44	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$39
	21-24	\$44	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$44
	25	\$44	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$41	\$46
<b>a</b>	26-29	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$41	\$46
Range	30-34	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$45	\$51
	35-39	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$48	\$54
Age	40-44	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$53	\$60
`	45-49	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$57	\$64
	50-54	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$59	\$66
	55-59	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$61	\$68
	60-63	\$46	\$39	\$37	\$26	\$37	\$27	\$54	\$23	\$63	\$71
	64+	\$56	\$46	\$44	\$32	\$37	\$27	\$54	\$23	\$63	\$71

**Note:** All plans are offered both on and off the exchange except Delta Dental, which is on the exchange only. These rates are the first quarter of 2019. Delta Dental plans are for families.

# Area 2 Individual Adult ACA Dental Premium (Monthly) for 2019

**Area 2:** Broadwater, Cascade, Chouteau, Deer Lodge, Gallatin, Jefferson, Judith Basin, Lewis and Clark, Silver Bow, and Teton Counties

Source

	Company	Best Life & Health					Cross Shield	Delt	a	PacificSource		
	Plan Name	Advantage Gold	Plus Gold	Plus Silver	Basic Silver	BlueCare Dental 1A	BlueCare Dental 1B	Delta Dental PPO Preferred	Delta Dental PPO Basic	Dental Choice 0/20/50	Dental Choice 0/20/50 1500	
	High/Low	High	High	Low	Low	High	Low	High	Low	High	High	
	19	\$43	\$35	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$39	
	20	\$43	\$35	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$39	
	21-24	\$43	\$35	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$44	
	25	\$43	\$35	\$34	\$24	\$37	\$27	\$54	\$23	\$41	\$46	
	26-29	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$41	\$46	
Range	30-34	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$45	\$51	
	35-39	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$48	\$54	
Age	40-44	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$53	\$60	
*	45-49	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$57	\$64	
	50-54	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$59	\$66	
	55-59	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$61	\$68	
	60-63	\$45	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$63	\$71	
	64+	\$54	\$45	\$43	\$31	\$37	\$27	\$54	\$23	\$63	\$71	

**Note:** All plans are offered both on and off the exchange except Delta Dental, which is on the exchange only. These rates are the first quarter of 2019. Delta Dental plans are for families.

# **Area 3 Individual Adult ACA Dental Premium (Monthly) for 2019**

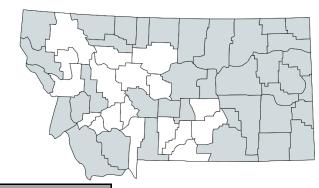
Area 3: Flathead, Lake, and Missoula Counties

	Company	Bes	t Life &	Health			Cross Shield	Del	ta	PacificSource	
	Plan Name	Advantage Gold	Plus Gold	Plus Silver	Basic Silver	BlueCare Dental 1A	BlueCare Dental 1B	Delta Dental PPO Preferred	Delta Dental PPO Basic	Dental Choice 0/20/50	Dental Choice 0/20/5 0 1500
	High/Low	High	High	Low	Low	High	Low	High	Low	High	High
	19	\$43	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$39
	20	\$43	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$39
	21-24	\$43	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$39	\$44
	25	\$43	\$36	\$34	\$25	\$37	\$27	\$54	\$23	\$41	\$46
o o	26-29	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$41	\$46
ng	30-34	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$45	\$51
Ra	35-39	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$48	\$54
Age	40-44	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$53	\$60
<	45-49	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$57	\$64
	50-54	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$59	\$66
	55-59	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$61	\$68
	60-63	\$46	\$38	\$37	\$44	\$37	\$27	\$54	\$23	\$63	\$71
	64+	\$56	\$45	\$44	\$32	\$37	\$27	\$54	\$23	\$63	\$71

**Note:** All plans are offered both on and off the exchange except Delta Dental, which is on the exchange only. These rates are the first quarter of 2019. Delta Dental plans are for families.

# **Area 4 Individual Adult ACA Dental Premium (Monthly) for 2019**

Area 4: All Other Counties



	Company	Best	Life &	Health	1		Cross Shield	Delt	a	PacificSource	
	Plan Name	Advantage Gold	Plus Gold	Plus Silver	Basic Silver	BlueCare Dental 1A	BlueCare Dental 1B	Delta Dental PPO Preferred	Delta Dental PPO Basic	Dental Choice 0/20/50	Dental Choice 0/20/50 1500
	High/Low	High	High	Low	Low	High	Low	High	Low	High	High
	19	\$43	\$36	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$39
	20	\$43	\$36	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$39
	21-24	\$43	\$36	\$34	\$24	\$37	\$27	\$54	\$23	\$39	\$44
	25	\$43	\$36	\$34	\$24	\$37	\$27	\$54	\$23	\$41	\$46
	26-29	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$41	\$46
Range	30-34	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$45	\$51
Rai	35-39	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$48	\$54
Age	40-44	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$53	\$60
	45-49	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$57	\$64
	50-54	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$59	\$66
	55-59	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$61	\$68
	60-63	\$76	\$38	\$36	\$26	\$37	\$27	\$54	\$23	\$63	\$71
	64+	\$55	\$46	\$43	\$31	\$37	\$27	\$54	\$23	\$63	\$71

**Note:** All plans are offered both on and off the exchange except Delta Dental, which is on the exchange only. These rates are the first quarter of 2019.

#### **2019 Individual Pediatric ACA Dental Premium (Monthly)**

The rates shown are rounded for the specific ages shown. The age for each person is based on their first date of coverage in 2019. The pediatric rates are available for children ages **0 through 18**. These tables may not include every possible monthly premium. Please see the policy language and be sure to review plan details to know what applies to deductibles, exact copays, provider networks, out-of-network coverage, etc. The Individual Pediatric Rates do not vary by location.

Area: All counties

Company	Plan Name	High/Low	Rates
Best Life &	Essential Pediatric High	High	\$47
Health	Essential Pediatric Low	Low	\$43
BlueCross	BlueCare Dental 1A	High	\$41
BlueShield	BlueCare Dental 1B	Low	\$30
Delta	PPO Pediatric Preferred Plan	High	\$31
Deila	PPO Pediatric Basic Plan	Low	\$24
PacificSource	Kids Dental Choice 0/20/50	High	\$36

**Note:** All plans are offered on the exchange except for Delta Dental. PacificSource and BlueCross BlueShield plans are also offered off exchange.

#### Questions you should ask prior to purchasing any Dental Insurance

**Need More Help?** 1. Does the network include the dentists you are looking for? Trained professionals are available to assist you on a wide 2. Will the plan allow for care by specialists? range of insurance issues. **Call the CSI Toll Free Number:** 3. Are there restrictions or limitations on coverage if treated by a specialist? 1-800-332-6148 4. Did you find restrictions from the plan such as waiting periods? 5. What are the total costs for the plan which include the premium, co-payments, coinsurance and deductibles? 6. Does the plan apply a deductible for exams and cleanings? 7. What is the annual maximum the plan will pay? Will the plan allow rollover of unused benefits from one plan year to the next? 8. Is there an out-of-pocket limit? If so, how much is it? 9. What limitations does the plan place on pre-existing conditions? 10. Does the plan cover braces? Are there limitations? 11. Overall, do you feel that the plan covers all the procedures necessary to maintain good oral health for you and your dependents? 12. Does the program provide for emergency treatment? Are there arrangements for emergency care away from home?