

Dental Plan Comparison

BCBS Individual	Southland Individual	BCBS Family	Southland Family
Blue Cross Blue Shield \$8 Per Month Maximum Annual Benefit \$1,500	Southland Dental \$8 Per Month Maximum Annual Benefit \$1,250	Blue Cross Blue Shield \$15 Per Month Maximum Annual Benefit \$1,500 Per Member	Southland Dental \$15 Per Month Maximum Annual Benefit \$1,000 Per Member
Preventive Covered at 100% of the Preferred Dental Fee, Schedule, with no deductible.	Preventive Covered at 100% of the Preferred Dental Fee Schedule, with no deductible.	Preventive Covered at 100% of the Preferred Dental Fee Schedule, with no deductible.	Preventive Covered at 100% of the Preferred Dental Fee Schedule, with no deductible.
Basic and Major Services Covered at 50% of the Preferred Dental Fee, subject to the \$25 annual deductible.	Basic and Major Services Covered at 80% of the Preferred Dental Fee, with no annual deductible.	Basic and Major Services Covered at 50% of the Preferred Dental Fee, subject to the \$25 annual deductible.	Basic and Major Services Covered at 60% of the Preferred Dental Fee, subject to the \$25 annual deductible.
Orthodontic No orthodontia benefit	Orthodontic No orthodontia benefit	Orthodontic Covered at 50% of the Preferred Dental Fee, subject to a \$25 annual deductible and separate lifetime maximum of \$1,000 per person for dependent children under the age of 19.	Orthodontic No orthodontia benefit