



 **DELTA DENTAL**®



**Contact me today
to enroll!**

email:

tel:

website:

Why choose Delta Dental of Idaho for your individual and family coverage?



DENTAL EXPERTS

Delta Dental prides themselves on delivering the best dental benefits in the country - after all, dental is all they do. It's why 96% of their customers renew their dental plans every year. Enrollment is easy and can be completed in under 5 minutes over the phone with your broker.



LARGEST NETWORK OF DENTISTS

Delta Dental offers members access to the country's most extensive network of dentists. With so many dentists across the country, you can travel with confidence as your coverage goes wherever you go.



BEST-IN-CLASS CUSTOMER SERVICE

Bye-bye unnerving on-hold music and hello real Delta Dental customer service experts. Their comprised of previous dental office professionals, which means better customer service and quicker answers to your questions. On average, calls are answered in less than 17 seconds with most questions answered in under 3 minutes.



COMMUNITY RESPONSIBILITY

As a not-for-profit, Delta Dental of Idaho's Community Outreach team provides \$2 million in programs and services for underserved children and limited-income Idahoans age 60 and above.

Policies contain general and specific exclusions and limitations. This means certain dental services are not covered under the policy. Also, coverage for certain covered dental services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process with your broker or at deltadentalid.me.



At-A-Glance Comparison of Plan Benefits

PLAN BENEFIT	GrinWell Prime SM	GrinWell Plus SM	Clear Plan SM	GrinWell Essential SM	GrinWell Prevent SM
Cleanings	0%	0%	\$60 (Preventive services covered two times per year)	\$15 copay per visit then you pay 0%	0%
Exams	0%	0%			0%
Bitewing X-rays	0%	0%			0%
Fillings ^{††}	20% (6-month waiting period)*	20% (6-month waiting period)*	\$90 (one every 2 years per tooth)	\$15 copay, then 50% (6-month waiting period)*	Not covered
Non-Surgical Extractions ^{††}	40% (6-month waiting period)*	50% (6-month waiting period)*	\$80	\$15 copay, then 50% (6-month waiting period)*	Not covered
Crowns ^{††}	40% (12-month waiting period)*	50% (12-month waiting period)*	\$500 (one every 12 months)	Not covered	Not covered
Root Canals ^{††}	40% (12-month waiting period)*	50% (12-month waiting period)*	\$400 (two every 12 months)	Not covered	Not covered
PLAN COMPARISON					
Maximum Plan Pays (per benefit period)	\$2,000	\$1,000/\$1,250/\$1,500 Year 1 Year 2 Year 3	\$1,250/No maximum Year 1 Subsequent years	\$1,250	Not covered
Deductible (per benefit period)	\$0	\$0	\$0	\$0	\$0
Procedure Copay (per procedure performed)	\$0	\$0	\$0	\$15	\$0
Annual Contract Required	Yes	Yes	Yes	Yes	Yes
RATES (PREMIUMS) AGE BAND					
0-18	\$60.42	\$44.80	\$37.87	\$27.86	\$22.61
19-24	\$60.42	\$44.80	\$37.87	\$27.35	\$22.61
25-34	\$64.75	\$46.40	\$43.12	\$27.45	\$21.22
35-44	\$68.77	\$48.33	\$47.56	\$27.45	\$21.22
45-54	\$79.70	\$54.94	\$51.90	\$28.33	\$22.15
55-64	\$86.66	\$58.74	\$55.49	\$30.28	\$23.38
65+	\$90.73	\$61.06	\$57.26	\$31.36	\$24.31

*The waiting period can be waived if subscriber has prior credible dental coverage and enrolls within 30 days of loss of that coverage.

†Does not apply to diagnostic and preventive services.

††Deductible applies to these services.

Please Note: Monthly premiums may be different based on plan choice, age, and number of people insured. Plan designs and rates are subject to change.

Please visit our website at deltadentalid.me or call 1-855-713-3582 for the latest plan information and rates. There may be limits on how many times you can use certain services in a year.

See plan for coverage specifics. Exchange-certified plans are also available; visit www.deltadentalid.me for more information.

Delta Dental of Idaho complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586. 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-(800) 356-7586.