



# Individual Dental Plans Offering More Choice

**2025**  
PLAN OPTIONS  
IN-NETWORK

BENEFIT DETAILS	ACA QUALIFIED DENTAL PLANS				HEALTHY SMILES DENTAL PLANS			
	DENTAL CHOICE (under age 19)	DENTAL CHOICE (19 years of age and older)	DENTAL CHOICE PLUS (under age 19)	DENTAL CHOICE PLUS (19 years of age and older)	HEALTHY SMILES PREVENTIVE	HEALTHY SMILES PLUS	HEALTHY SMILES PREFERRED	HEALTHY SMILES ELITE
<b>Deductible</b>	\$50 per person	\$75 per person	\$35 per person	\$60 per person	\$0	\$50 per person; three-person family maximum	\$45 per person; three-person family maximum	\$45 per person; three-person family maximum
<b>Annual Out-of-Pocket Maximum</b>	\$400 per person; \$800 two or more	None	\$400 per person; \$800 two or more	None	N/A			
<b>Benefit Period Maximum</b>	None	\$1000 per person per benefit period	None	\$1250 per person per benefit period	None	\$1000 per person per benefit period	\$1000 per person per benefit period	\$2500 per person per benefit period
<b>Preventive Dental Services</b> (No waiting period; includes exams, cleanings, X-rays and fluoride)	No charge				Member pays nothing after \$20 copayment per visit			Member pays nothing after \$25 copayment per visit
<b>Basic Dental Services</b> (Includes fillings, extractions and periodontal maintenance)	Member pays 50% coinsurance after deductible	Member pays 25% coinsurance after deductible	Member pays 20% coinsurance after deductible	Member pays 20% coinsurance after deductible	None	Member pays 20% coinsurance after deductible		
<b>Major Dental Services</b> (Root canals, periodontics, crowns, bridges, dentures and dental implants)	Member pays 50% coinsurance after deductible				None	Member pays 50% coinsurance after deductible	Member pays 50% coinsurance after deductible	Year 1: Member pays 80% coinsurance after deductible Year 2: Member pays 40% coinsurance after deductible Year 3: Member pays 30% coinsurance after deductible
<b>Orthodontia</b> (For medically necessary, non-cosmetic treatment in accordance with Blue Cross of Idaho medical policies; prior authorization required)	Member pays 50% coinsurance after deductible	Not covered	Member pays 50% coinsurance after deductible	Not covered	Not covered			
<b>Dental Rewards</b>	N/A				N/A	\$250 per person per benefit period (up to a maximum of \$1000 per insured)	N/A	
<b>Waiting Periods</b>	6 months for Basic Dental Services, 12 months for Major Dental Services. No waiting periods apply to under age 19 ACA Qualified Dental plans.							

## 2025 HIGHLIGHTS – Flexible choices, many options, and low-cost preventive care

### NEW! Healthy Smiles Copay Plan

COVERED SERVICES	MEMBER BENEFITS
<b>Annual Maximum</b>	\$1500 yr 1, no max year 2+
<b>Deductible</b> (does not apply to preventive services)	\$50
<b>Preventive Visit</b> (includes cleaning, x-rays, oral exam and fluoride for kids)	\$30 copay
<b>Sealants</b>	\$30 copay
<b>Filings</b>	\$75 copay
<b>Periodontal Maintenance</b>	\$50 copay
<b>Extraction</b>	\$150 copay
<b>Nitrous Oxide</b>	\$45 copay
<b>Crowns</b>	\$500 copay
<b>Bridges*</b>	\$500 copay
<b>Implants*</b>	\$1250 copay
<b>Dentures*</b>	\$500 copay
<b>Network</b>	DPPO

**No Waiting Periods**

\*Only one prosthetic appliance covered per benefit period; bridges, dentures and implants.

### Dental Blue Connect Individual

COVERED SERVICES	MEMBER BENEFITS
<b>Annual Maximum</b>	No Annual Maximum
<b>Deductible</b>	No Deductible
<b>General Office Visit</b>	\$25 copay
<b>Specialist Office Visit</b>	\$35 copay
<b>Dental Exams and X-rays</b>	\$0 copay
<b>Teeth Cleaning</b>	\$0 copay
<b>Fluoride Treatment</b>	\$15 copay
<b>Sealants per Tooth</b>	\$15 copay
<b>Filling - Amalgam</b>	\$45 copay
<b>Filling - Resin (Anterior)</b>	\$70 copay
<b>Filling - Resin (Posterior)</b>	\$80 copay
<b>Stainless Steel Crown</b>	\$90 copay
<b>Porcelain/Metal Crown</b>	\$500 copay <sup>1</sup>
<b>Complete Upper or Lower Denture</b>	\$600 copay <sup>1</sup>
<b>Bridge (per Tooth)</b>	\$500 copay <sup>1</sup>
<b>Root Canal Therapy – Anterior Tooth / Bicuspid Tooth / Molar</b>	\$225 / \$325 / \$425 copays
<b>Osseous Surgery (per Quadrant)</b>	\$325 copay

Willamette Dental Group

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 Dental Blue Connect Individual: Out-of-area emergency treatment by an out-of-network provider is reimbursed at \$100 per visit. This plan covers the first \$10 per visit for non-emergency treatment by out-of-network providers without a referral, subject to exclusions.  
<sup>1</sup> Benefit available after a twelve-month waiting period.  
<sup>2</sup> Applies towards comprehensive orthodontia copayment if patient accepts treatment plan.  
 This is a summary of common procedures covered in the Dental Blue Connect Individual plan. The contract will control. Please refer to the contract for a complete description of benefits, limitations, and exclusions.



# Individual Dental Plans at a Glance

Our dental plans have a variety of options to meet the unique needs of members.

	Dental Choice	Dental Choice Plus	Healthy Smiles Copay	Healthy Smiles Preventive	Healthy Smiles Plus	Healthy Smiles Preferred	Healthy Smiles Elite	Dental Blue Connect Individual
Premium	\$\$	\$\$\$	\$\$	\$	\$	\$\$\$	\$\$\$\$	\$\$\$\$
Deductible	●	●	●		●	●	●	
Preventive Services	●	●	●	●	●	●	●	●
Basic Services	●	●	●		●	●	●	●
Major Services	●	●	●			●	●	●
Orthodontia	●*	●*						●
Benefit Maximum	●	●	●*		●	●	●	
Dental Rewards Carryover						●		
Copay plan			●					●
DPPO Network	●	●	●	●	●	●	●	Willamette
Waiting Periods	●	●			●	●	●	●

\*Medically necessary orthodontia only.

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