



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
Deductible	\$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	
Annual Out-of-Pocket Maximum	\$400 per person; \$800 two or more	None	\$400 per person; \$800 two or more	None	N/A			
Benefit Period Maximum	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
Preventive Dental Services (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
Basic Dental Services (Includes fillings, extractions and periodontal maintenance)	Member pays 50% coinsurance after deductible	Member pays 25% coinsurance after deductible	Member pays 20% coinsurance after deductible	None	Member pays 20% coinsurance after deductible			
Major Dental Services (Root canals, periodontics, crowns, bridges, dentures and dental implants)	Member pays 50% coinsurance after deductible				None	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	
Orthodontia (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			
Dental Rewards	N/A				N/A	\$250 per person per benefit period (up to a maximum of \$1000 per insured)	N/A	
Waiting Periods	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
Annual Maximum	\$1500 yr 1, no max year 2+
Deductible (does not apply to preventive services)	\$50
Preventive Visit (includes cleaning, x-rays, oral exam and fluoride for kids)	\$30 copay
Sealants	\$30 copay
Filings	\$75 copay
Periodontal Maintenance	\$50 copay
Extraction	\$150 copay
Nitrous Oxide	\$45 copay
Crowns	\$500 copay
Bridges*	\$500 copay
Implants*	\$1250 copay
Dentures*	\$500 copay
Network	DPPO

No Waiting Periods

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

Dental Blue Connect Individual

COVERED SERVICES	MEMBER BENEFITS
Annual Maximum	No Annual Maximum
Deductible	No Deductible
General Office Visit	\$25 copay
Specialist Office Visit	\$35 copay
Dental Exams and X-rays	\$0 copay
Teeth Cleaning	\$0 copay
Fluoride Treatment	\$15 copay
Sealants per Tooth	\$15 copay
Filling - Amalgam	\$45 copay
Filling - Resin (Anterior)	\$70 copay
Filling - Resin (Posterior)	\$80 copay
Stainless Steel Crown	\$90 copay
Porcelain/Metal Crown	\$500 copay ¹
Complete Upper or Lower Denture	\$600 copay ¹
Bridge (per Tooth)	\$500 copay ¹
Root Canal Therapy – Anterior Tooth / Bicuspid Tooth / Molar	\$225 / \$325 / \$425 copays
Osseous Surgery (per Quadrant)	\$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.
¹ Benefit available after a twelve-month waiting period.
² 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.



2025 Individual Dental Plans

Effective January 1, 2025 – March 31, 2025

DENTAL BLUE CONNECT INDIVIDUAL PLAN	
Age of applicant or dependent	DENTAL BLUE CONNECT Effective Date and Monthly Rate
January 1, 2025	
0-25	\$47.00
26-34	\$51.24
35-44	\$56.76
45-54	\$66.53
55+	\$78.53

ACA DENTAL PLANS	
Age of applicant or dependent	DENTAL CHOICE Effective Date and Monthly Rate
January 1, 2025	
0-18	\$30.58
19-24	\$29.59
25-29	\$30.78
30-34	\$30.80
35-39	\$31.55
40-44	\$33.17
45-49	\$35.27
50-54	\$37.26
55-59	\$38.08
60+	\$39.00

ACA DENTAL PLANS	
Age of applicant or dependent	DENTAL CHOICE PLUS Effective Date and Monthly Rate
January 1, 2025	
0-18	\$37.95
19-24	\$39.64
25-29	\$41.23
30-34	\$41.27
35-39	\$42.27
40-44	\$44.44
45-49	\$47.25
50-54	\$49.92
55-59	\$51.01
60+	\$52.25

HEALTHY SMILES PLANS	
Age of applicant or dependent	HEALTHY SMILES COPAY Effective Date and Monthly Rate
January 1, 2025	
0-17	\$35.94
18-24	\$36.17
25-29	\$37.61
30-34	\$37.63
35-39	\$38.52
40-44	\$40.47
45-49	\$43.00
50-54	\$45.41
55-59	\$46.39
60-64	\$47.49
65+	\$48.63

HEALTHY SMILES PLANS	
Age of applicant or dependent	HEALTHY SMILES PREVENTIVE Effective Date and Monthly Rate
January 1, 2025	
0-17	\$22.01
18-24	\$17.26
25-29	\$18.08
30-34	\$19.03
35-39	\$19.69
40-44	\$20.28
45-49	\$21.00
50-54	\$21.88
55-59	\$21.99
60-64	\$22.40
65+	\$22.84

HEALTHY SMILES PLANS	
Age of applicant or dependent	HEALTHY SMILES PLUS Effective Date and Monthly Rate
January 1, 2025	
0-17	\$28.41
18-24	\$26.94
25-29	\$27.15
30-34	\$27.15
35-39	\$27.23
40-44	\$27.55
45-49	\$28.69
50-54	\$29.79
55-59	\$29.94
60-64	\$30.26
65+	\$30.60

HEALTHY SMILES PLANS	
Age of applicant or dependent	HEALTHY SMILES PREFERRED Effective Date and Monthly Rate
January 1, 2025	
0-17	\$34.58
18-24	\$34.80
25-29	\$36.21
30-34	\$36.23
35-39	\$37.11
40-44	\$39.01
45-49	\$41.48
50-54	\$43.83
55-59	\$44.79
60-64	\$45.87
65+	\$46.98

HEALTHY SMILES PLANS	
Age of applicant or dependent	HEALTHY SMILES ELITE Effective Date and Monthly Rate
January 1, 2025	
0-17	\$51.70
18-24	\$52.06
25-29	\$54.16
30-34	\$54.18
35-39	\$55.49
40-44	\$58.35
45-49	\$62.04
50-54	\$65.54
55-59	\$66.98
60-64	\$68.60
65+	\$70.27



Premiums are calculated on a per-person basis.

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Introducing our new Dental Copay Plan

Blue Cross of Idaho is excited to bring a new copay dental plan design to the market. This new addition to the group dental portfolio brings more choice in affordable options.



Dental Copay Plan Highlights

This plan has many features your employees will appreciate. Here are some highlights:

- No waiting periods
- Utilizes our DPPO Network
- Comprehensive benefits including preventive, basic and major services
- Set copays for each service
- Coverage for nitrous oxide
- No annual benefit maximum when your plan renews after your first year

How It Works

Whether your employee needs major dental work, or just a cleaning, they'll know their costs ahead of time. Our Dental Copay Plan makes it easier to understand and manage dental expenses. This plan boasts a low deductible for non-preventive services, and when the employee's plan renews, there is no longer a benefit period maximum.

COVERED SERVICES		MEMBER BENEFITS
	Annual Maximum	First benefit period: \$1,500 Second benefit period onward: no maximum
	Deductible (does not apply to preventive services)	\$50
PREVENTIVE	Preventive Visit (includes cleaning, X-rays, oral exam and fluoride for kids)	\$30 copay
	Sealants	\$30 copay
BASIC	Fillings	\$75 copay
	Periodontal Maintenance	\$50 copay
	Extraction	\$150 copay
MAJOR	Nitrous Oxide	\$45 copay
	Crowns	\$500 copay
	Root Canal	\$400 copay
	Bridges*	\$500 copay
	Implants*	\$1,250 copay
	Dentures*	\$500 copay
	Network	DPPO
	Orthodontia (optional)	Member pays 50% of allowed amount. Lifetime maximum of \$1,000, \$1,250 or \$1,500
NO WAITING PERIODS		

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