



Individual Dental Plans Offering More Choice

2026
PLAN OPTIONS
IN-NETWORK

BENEFIT DETAILS										
Deductible	\$50 per person	\$90 per person	\$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	\$450 per person; \$900 two or more	None	\$450 per person; \$900 two or more	None	\$450 per person; \$900 two or more	None	N/A			
Benefit Period Maximum	N/A	\$1000 per person per benefit period	N/A	\$1000 per person per benefit period	N/A	\$1250 per person per benefit period	N/A	\$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 deductible	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 50% coinsurance after deductible		Member pays 25% coinsurance after deductible	Member pays 20% coinsurance after deductible	Not Covered	Member pays 20% coinsurance after deductible		
Major Dental Services (Root canals, periodontics, crowns, bridges, dentures and dental implants)	Member pays 50% coinsurance after deductible	Not Covered	Member pays 50% coinsurance after deductible				Not Covered	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	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.									

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
Fillings	\$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.

2026 HIGHLIGHTS – New! Dental Choice Core.
More flexible choices and options including low-cost preventive care.

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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 12-month waiting period.
² Applies towards comprehensive orthodontia copayment if patient accepts treatment plan.
* Basic Services for Dental Choice Core only covers: fillings, periodontal maintenance, and scaling and root planing.

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.

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2026 Individual Dental Plans

Effective January 1, 2026 – December 31, 2026



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DENTAL BLUE CONNECT INDIVIDUAL PLAN	
Age of applicant or dependent	DENTAL BLUE CONNECT INDIVIDUAL Effective Date and Monthly Rate
	January 1, 2026
0-25	\$47.46
26-34	\$52.28
35-44	\$58.66
45-54	\$67.88
55+	\$80.14

Note: Dental Blue Connect Individual premiums are calculated on a per-person basis.

Click here to Enroll

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ACA DENTAL PLANS			
Age of applicant or dependent	DENTAL CHOICE CORE Effective Date and Monthly Rate	DENTAL CHOICE Effective Date and Monthly Rate	DENTAL CHOICE PLUS Effective Date and Monthly Rate
	January 1, 2026	January 1, 2026	January 1, 2026
0-18	\$34.77	\$34.77	\$43.28
19-24	\$17.90	\$29.59	\$39.64
25-29	\$18.62	\$30.77	\$41.23
30-34	\$18.63	\$30.80	\$41.27
35-39	\$19.08	\$31.55	\$42.26
40-44	\$20.06	\$33.17	\$44.44
45-49	\$21.33	\$35.26	\$47.25
50-54	\$22.54	\$37.26	\$49.92
55-59	\$23.03	\$38.07	\$51.01
60+	\$23.59	\$38.99	\$52.24

Note: ACA premiums for coverage of more than one individual must be determined by adding the premiums for each individual covered, with a maximum of three premiums for covered children under age 21.

HEALTHY SMILES PLANS					
Age of applicant or dependent	HEALTHY SMILES COPAY Effective Date and Monthly Rate	HEALTHY SMILES PREVENTIVE Effective Date and Monthly Rate	HEALTHY SMILES PLUS Effective Date and Monthly Rate	HEALTHY SMILES PREFERRED Effective Date and Monthly Rate	HEALTHY SMILES ELITE Effective Date and Monthly Rate
	January 1, 2026	January 1, 2026	January 1, 2026	January 1, 2026	January 1, 2026
0-17	\$41.74	\$22.74	\$29.26	\$35.49	\$53.78
18-24	\$38.27	\$17.83	\$27.75	\$32.53	\$49.33
25-29	\$40.66	\$18.68	\$27.96	\$34.58	\$52.44
30-34	\$43.40	\$19.66	\$27.96	\$36.92	\$55.97
35-39	\$43.41	\$20.34	\$28.05	\$36.95	\$56.01
40-44	\$43.75	\$20.95	\$28.38	\$37.26	\$56.49
45-49	\$46.48	\$21.69	\$29.55	\$39.62	\$60.07
50-54	\$49.61	\$22.60	\$30.68	\$42.31	\$64.13
55-59	\$51.75	\$22.72	\$30.84	\$44.14	\$66.92
60-64	\$55.16	\$23.14	\$31.17	\$47.07	\$71.36
65+	\$58.16	\$23.59	\$31.52	\$49.64	\$75.27

Note: Healthy Smiles premiums are calculated on a per-person basis.