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## Dental Insurance Plan & Rate Information Booklet

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\*Note all plan and rate information contained in this document is current as of November XX, 2013, is subject to change and is provided for reference only.

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## **Your Health Idaho Individual Stand-Alone Dental Plan Booklet**

We know that finding the information you need on health insurance can be complicated.

In addition to qualified health plans, 13 stand-alone dental plans will be sold on Your Health Idaho. To help you understand your options, we have gathered information from all of the insurance carriers in Idaho that are approved to sell stand-alone dental plans on Your Health Idaho.

Pediatric dental benefits are not required for qualified health plans that are sold on Your Health Idaho, although some plans have opted to offer this benefit. Individuals have the option of buying a medical only plan, a stand-alone dental plan or purchasing a medical plan that covers dental services.

Individuals that purchase a medical plan on Your Health Idaho, regardless of whether the plan includes pediatric dental coverage, will not be subject to the individual mandate fee.

DISCLAIMER: The pricing and rates in this document may vary from final plan prices depending on your individual variables.

### **About Your Health Idaho**

Your Health Idaho is Idaho's official state-based health insurance marketplace where Idahoans can shop, compare and choose a plan that is right for them, their families and their budgets. Coverage on plans sold on Your Health Idaho will begin as early as January 1, 2014 if enrollment takes place before December 15, 2013. Open enrollment will continue through March 31, 2014.

## **Individual Stand-Alone Dental Plans on Your Health Idaho**

On Your Health Idaho, you may be able to get dental coverage as part of a health plan or separately with a stand-alone dental plan. If you choose a stand-alone dental plan, you'll pay an additional premium for the dental plan.

There are 13 individual stand-alone dental plans from four different insurance companies.

Dental plans sold on Your Health Idaho are grouped into two categories, a low category and a high category based on the percentage of expenses that the plan covers when you use a medical service.

High plans feature higher premiums, but lower average costs when you use a dental service. Low plans generally have lower premiums in exchange for higher average costs when you use dental services.

<b>Plan Type</b>	<b>Percentage of Costs Paid by Dental Plan</b>	<b>Percentage of Costs Paid by Individual</b>
Low	70%	30%
High	85%	15%

### **Find Consumer Assistance**

If you have further questions on stand-alone dental plans, in-person assistance is available near you through Your Health Idaho Consumer Connectors including agents, brokers and In-Person Assistants. Click [HERE](#) to find assistance near you or call the Consumer Resource Center at 855-YH-Idaho (855-944-3246) for more information.

## Individual Stand-Alone Dental Plans Available on Your Health Idaho

The following 13 plans are available in all counties throughout Idaho. To find out more information about any plans, click on the link to that plan. To find out more information about the insurance companies that are offering plans, click on the link to the insurance company.

<u><a href="#">Plan Category</a></u>	<b>Carrier</b>	<b>Plan Name</b>
Low	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Child Dental Plan</a></u>
Low	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Dental Basic Plan Silver</a></u>
Low	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Dental Plus Plan Silver</a></u>
Low	<u><a href="#">Blue Cross of Idaho</a></u>	<u><a href="#">Dental Choice</a></u>
Low	<u><a href="#">Delta Dental of Idaho</a></u>	<u><a href="#">Basic Pediatric Plan</a></u>
Low	<u><a href="#">Delta Dental of Idaho</a></u>	<u><a href="#">Basic Pediatric Plan Plus Adult</a></u>
Low	<u><a href="#">PacificSource</a></u>	<u><a href="#">Kids Dental Choice 20/40/50/50</a></u>
High	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Child Dental Plus Plan</a></u>
High	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Dental Advantage Plan Gold</a></u>
High	<u><a href="#">BEST Life</a></u>	<u><a href="#">BESTOne Dental Plus Plan Gold</a></u>
High	<u><a href="#">Blue Cross of Idaho</a></u>	<u><a href="#">Dental Choice Plus</a></u>
High	<u><a href="#">Delta Dental of Idaho</a></u>	<u><a href="#">Preferred Pediatric Plan</a></u>
High	<u><a href="#">Delta Dental of Idaho</a></u>	<u><a href="#">Preferred Pediatric Plan Plus Adult</a></u>

## BEST Life – Carrier Information



A list of the individual stand-alone dental plans available from BEST Life can be found below with descriptions on the pages that follow.

Low	<a href="#">BEST Life</a>	<a href="#">BESTOne Child Dental Plan</a>
Low	<a href="#">BEST Life</a>	<a href="#">BESTOne Dental Basic Plan Silver</a>
Low	<a href="#">BEST Life</a>	<a href="#">BESTOne Dental Plus Plan Silver</a>
High	<a href="#">BEST Life</a>	<a href="#">BESTOne Child Dental Plus Plan</a>
High	<a href="#">BEST Life</a>	<a href="#">BESTOne Dental Advantage Plan Gold</a>
High	<a href="#">BEST Life</a>	<a href="#">BESTOne Dental Plus Plan Gold</a>

### **BEST Life Dental Rates**

For a list of rates for BEST Life dental plans, please click [HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

**BEST Life Website:** [www.bestlife.com/ID](http://www.bestlife.com/ID)

**BEST Life Phone Number:** 800-237-8543

**Best LIFE - BESTOne Child Dental Plan**

# BEST One

## Child Dental Plan

Satisfies the ACA pediatric dental requirement for children up to age 19.

Keeping your child's mouth healthy helps keep their whole body healthy. It can also help prevent costly, more serious dental problems as they grow. And by investing in a separate dental plan, you can be assured your child has access to the most value and protection for their teeth, without having to meet a higher medical deductible first.

### BESTOne Child Dental Plan Overview

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$50	You pay the first \$100
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 60%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 40%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 20%
<b>Orthodontic Services</b> (Medically necessary.) Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE - BESTOne Dental Basic Plan Silver**

# BEST One

## Dental Basic Plan **SILVER**

For families

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?

For adults and dependent children 19 and older.

	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,000	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$50 for an individual, \$150 per family.	
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, x-rays	Plan covers at 100%	Plan covers at 70%
<b>Basic Services</b> Fillings, anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, oral surgery, periodontics and endodontics	Plan covers at 50%	Plan covers at 30%
<b>Major Services</b> Crowns, inlays, onlays, fixed bridges, complete & partial dentures, implants	Plan covers at 30% No waiting period applies.	Not covered.

Satisfies the ACA pediatric dental requirement for children up to age 19.

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$50	You pay the first \$100
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 60%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 40%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 20%
<b>Orthodontic Services (Medically necessary.)</b> Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE - BESTOne Dental Plus Plan Silver**

# BEST One

## Dental Plus Plan **SILVER**

For families

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?

For adults and dependent children 19 and older.

	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,500	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	Annual deductible of \$50 for an individual, \$150 per family.	
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, x-rays	Plan covers at 100%	Plan covers at 80%
<b>Basic Services</b> Fillings, anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, oral surgery, periodontics and endodontics	Plan covers at 70%	Plan covers at 50%
<b>Major Services</b> Crowns, inlays, onlays, fixed bridges, complete & partial dentures, implants	Plan covers at 40% After 12 month waiting period.	Plan covers at 20% After 12 month waiting period.

Satisfies the ACA pediatric dental requirement for children up to age 19.

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$50	You pay the first \$100
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 60%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 40%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 20%
<b>Orthodontic Services (Medically necessary.)</b> Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE - BESTOne Child Dental Plus Plan**

# BEST One

## Child Dental Plus Plan

Satisfies the ACA pediatric dental requirement for children up to age 19.

Keeping your child’s mouth healthy helps keep their whole body healthy. It can also help prevent costly, more serious dental problems as they grow. And by investing in a separate dental plan, you can be assured your child has access to the most value and protection for their teeth, without having to meet a higher medical deductible first.

### BESTOne Child Dental Plus Plan Overview

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	\$0	You pay the first \$50
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 90%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 60%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 40%
<b>Orthodontic Services</b> (Medically necessary.) Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE - BESTOne Dental Advantage Plan Gold**

# BEST One

## Dental Advantage Plan **GOLD**

For families

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?

For adults and dependent children 19 and older.

	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,500	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$50 for individual, \$150 for family.	
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, x-rays	Plan covers at 100%	Plan covers at 80%
<b>Basic Services</b> Fillings, anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, oral surgery, periodontics and endodontics	Plan covers at 90%	Plan covers at 70%
<b>Major Services</b> Crowns, inlays, onlays, fixed bridges, complete & partial dentures, implants	Plan covers at 50% 12 month waiting period applies.	Plan covers at 30% 12 month waiting period applies.

Satisfies the ACA pediatric dental requirement for children up to age 19.

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$0	You pay the first \$50
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 90%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 60%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 40%
<b>Orthodontic Services (Medically necessary.)</b> Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE - BESTOne Dental Plus Plan Gold**

# BEST One

## Dental Plus Plan **GOLD**

For families

Your oral health is an important part of overall health maintenance. In fact, keeping your mouth healthy helps to keep your whole body healthy and can actually reduce your risk for more serious problems. Did you know that more than 120 medical conditions can be detected in early stages by your dentist?

For adults and dependent children 19 and older.

	In-Network	Out-of-Network
<b>Annual Maximum</b>	\$1,500	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	Annual deductible of \$50 for an individual, \$150 per family.	
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, x-rays	Plan covers at 100%	Plan covers at 80%
<b>Basic Services</b> Fillings, anterior & posterior composites, anesthesia (general or IV sedation), emergency palliative treatment, oral surgery, periodontics and endodontics	Plan covers at 70%	Plan covers at 50%
<b>Major Services</b> Crowns, inlays, onlays, fixed bridges, complete & partial dentures, implants	Plan covers at 40% After 12 month waiting period.	Plan covers at 20% After 12 month waiting period.

Satisfies the ACA pediatric dental requirement for children up to age 19.

	In-Network	Out-of-Network
<b>Out-of-Pocket Maximum</b>	\$1,000 per child	
<b>Annual Deductible</b> Applies to preventive out of network, basic and major services in or out of network	You pay the first \$0	You pay the first \$50
<b>Diagnostic &amp; Preventive Services</b> Routine oral exam, cleanings, fluoride treatment, x-rays, sealants, space maintainers, palliative treatment	Plan covers at 100%	Plan covers at 90%
<b>Basic Services</b> Amalgam fillings and anterior & posterior resin-based composites, oral surgery, periodontics	Plan covers at 70%	Plan covers at 60%
<b>Major Services</b> Anesthesia (general or IV sedation), crowns, inlays, onlays, implants, endodontics	Plan covers at 50%	Plan covers at 40%
<b>Orthodontic Services (Medically necessary.)</b> Diagnosis and treatment for repair of cleft palate, severe craniofacial defects or injury impacting function of speech, swallowing or chewing	Plan covers at 50% 24 month waiting period applies.	Plan covers at 50% 24 month waiting period applies.



**Best LIFE Individual Stand Alone Dental Plan Rates**

## Individual Rates

Zip code starts with	Age	BESTOne Child Plus	BESTOne Child	BESTOne Advantage (High Adult / High Child)	BESTOne Plus Gold (Mid Adult / High Child)	BESTOne Plus Silver (Mid Adult / Low Child)	BESTOne Basic Silver (Low Adult / Low Child)
832	0-20	\$41.49	\$35.28	\$41.49	\$41.49	\$35.28	\$35.28
	21-25			\$46.16	\$38.39	\$38.39	\$29.37
	26-64			\$49.32	\$41.01	\$41.01	\$31.38
	65+			\$59.18	\$49.21	\$49.21	\$37.65
833	0-20	\$40.55	\$34.48	\$40.55	\$40.55	\$34.48	\$34.48
	21-25			\$45.11	\$37.51	\$37.51	\$28.70
	26-64			\$48.20	\$40.08	\$40.08	\$30.66
	65+			\$57.84	\$48.09	\$48.09	\$36.80
834	0-20	\$41.36	\$35.17	\$41.36	\$41.36	\$35.17	\$35.17
	21-25			\$46.02	\$38.27	\$38.27	\$29.28
	26-64			\$49.16	\$40.88	\$40.88	\$31.28
	65+			\$59.00	\$49.06	\$49.06	\$37.53
835	0-20	\$47.85	\$40.69	\$47.85	\$47.85	\$40.69	\$40.69
	21-25			\$53.24	\$44.27	\$44.27	\$33.87
	26-64			\$56.88	\$47.30	\$47.30	\$36.18
	65+			\$68.25	\$56.76	\$56.76	\$43.42
836	0-20	\$44.83	\$38.11	\$44.83	\$44.83	\$38.11	\$38.11
	21-25			\$49.87	\$41.47	\$41.47	\$31.73
	26-64			\$53.28	\$44.31	\$44.31	\$33.90
	65+			\$63.94	\$53.17	\$53.17	\$40.68
837	0-20	\$44.83	\$38.11	\$44.83	\$44.83	\$38.11	\$38.11
	21-25			\$49.87	\$41.47	\$41.47	\$31.73
	26-64			\$53.28	\$44.31	\$44.31	\$33.90
	65+			\$63.94	\$53.17	\$53.17	\$40.68
838	0-20	\$43.57	\$37.05	\$43.57	\$43.57	\$37.05	\$37.05
	21-25			\$48.48	\$40.31	\$40.31	\$30.84
	26-64			\$51.79	\$43.07	\$43.07	\$32.95
	65+			\$62.15	\$51.68	\$51.68	\$39.54

## **Blue Cross of Idaho – Carrier Information**



A list of the individual stand-alone dental plans available from Blue Cross of Idaho can be found below with descriptions on the pages that follow.

<b><u>Plan Category</u></b>	<b>Carrier</b>	<b>Plan Name</b>
Low	<a href="#">Blue Cross of Idaho</a>	<a href="#">Dental Choice</a>
High	<a href="#">Blue Cross of Idaho</a>	<a href="#">Dental Choice Plus</a>

### **Blue Cross of Idaho Dental Rates**

For a list of rates for Blue Cross of Idaho individual stand-alone dental plans, please click [HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

**Blue Cross of Idaho Website:** [shoppers.bcidaho.com](http://shoppers.bcidaho.com)

**Blue Cross of Idaho Phone Number:** 888-462-7677

**Blue Cross of Idaho Individual Stand Alone Dental Plans**



This 2014 benefit grid outlines coverage for in-network and out-of-network services.

This is not a comprehensive list of benefits. You can find a comprehensive list of services in the member contract.

## Dental Choice Plans

Federal law requires everyone under age 19 to have dental insurance that meets certain coverage requirements of the Affordable Care Act (ACA). Blue Cross of Idaho's *Dental Choice* and *Dental Choice Plus* plans have you covered with the benefit designs that protect your oral health and meet all requirements of the ACA. *Dental Choice* and *Dental Choice Plus* plans are available directly from Blue Cross of Idaho or through the Idaho Health Insurance Exchange.

DENTAL PLANS	DENTAL CHOICE		DENTAL CHOICE PLUS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Individual Deductible</b>	\$50 per member, per benefit period	\$100 per member, per benefit period	\$50 per member, per benefit period	\$100 per member, per benefit period
<b>Annual Out-of-Pocket Maximum</b> <i>(For members under age 19)</i>	\$1,000	\$10,000	\$1,000	\$10,000
<b>Benefit Period Maximum</b> <i>(The most your plan will pay for covered services in a year; does not apply to members age 18 and under)</i>	\$1,000	\$1,000	\$1,000	\$1,000
<b>Preventive Dental Services</b>	You pay \$25 copayment, not subject to deductible	You pay costs up to deductible and then 50%	You pay \$10 copayment, not subject to deductible	You pay costs up to deductible and then 50%
<b>Basic Dental Services</b> <i>(Six-month waiting period for members age 19 and over)</i>	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 20%	You pay costs up to deductible and then 50%
<b>Major Dental Services</b> <i>(Members age 19 and over, subject to a 12-month waiting period)</i>	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 50%
<b>Orthodontia</b> <i>(Only available to members under age 19, must be medically necessary)</i>	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 80%	You pay costs up to deductible and then 50%	You pay costs up to deductible and then 80%

**Blue Cross of Idaho Individual Stand Alone Dental Plan Rates**

## 2014 Dental Rates

AGE	DENTAL CHOICE (INDIVIDUAL)	DENTAL CHOICE PLUS (INDIVIDUAL)
0-20	24.34	29.63
21	29.95	34.97
22	29.95	34.97
23	29.95	34.97
24	29.95	34.97
25	31.15	36.37
26	31.15	36.37
27	31.15	36.37
28	31.15	36.37
29	31.15	36.37
30	31.18	36.40
31	31.18	36.40
32	31.18	36.40
33	31.18	36.40
34	31.18	36.40
35	31.94	37.29
36	31.94	37.29
37	31.94	37.29
38	31.94	37.29
39	31.94	37.29
40	33.58	39.20
41	33.58	39.20
42	33.58	39.20
43	33.58	39.20
44	33.58	39.20
45	35.70	41.68
46	35.70	41.68
47	35.70	41.68
48	35.70	41.68
49	35.70	41.68
50	37.72	44.04
51	37.72	44.04
52	37.72	44.04
53	37.72	44.04
54	37.72	44.04
55	38.54	45.00
56	38.54	45.00
57	38.54	45.00
58	38.54	45.00
59	38.54	45.00
60	39.48	46.09
61	39.48	46.09
62	39.48	46.09
63	39.48	46.09
64	39.48	46.09
65 and over	40.43	47.20

## **Delta Dental – Carrier Information**



A list of the dental plans available from Delta Dental of Idaho can be found below with descriptions on the pages that follow.

Low	<a href="#"><u>Delta Dental of Idaho</u></a>	<a href="#"><u>Basic Pediatric Plan</u></a>
Low	<a href="#"><u>Delta Dental of Idaho</u></a>	<a href="#"><u>Basic Pediatric Plan Plus Adult</u></a>
High	<a href="#"><u>Delta Dental of Idaho</u></a>	<a href="#"><u>Preferred Pediatric Plan</u></a>
High	<a href="#"><u>Delta Dental of Idaho</u></a>	<a href="#"><u>Preferred Pediatric Plan Plus Adult</u></a>

### **DeltaDental of Idaho Dental Rates**

For a list of rates for DeltaDental of Idaho individual stand-alone dental plans, please click [HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

**DeltaDental Website:** <http://go.deltadentalid.com/healthexchange>

**DeltaDental Phone Number:** 855-703-3582

## **Delta Dental Pediatric Dental Plans**

## Certified Dental Essential Health Benefit Individual Pediatric Dental Plan Dental ‘Benefits Section Only from Contract’ from Delta Dental of Idaho

Welcome to Delta Dental of Idaho – the state’s largest and most experienced dental benefits carrier. Delta Dental of Idaho is a member of the nationwide Delta Dental Plans Association. As a Delta Dental subscriber you are joining more than 59 million people across the country benefitting from our coverage. Subscriber is defined as the primary enrollee on the plan. At Delta Dental of Idaho we view our benefits packages as a partnership with our subscribers and our participating dentists.

What follows is a list of the dental procedures covered under this Individual Pediatric Dental Plan Contract, and the amount you have to pay for each procedure. If a procedure isn’t listed below, it’s not covered.

### What Is Covered and What You Pay

Preferred You pay	Basic You pay	What is covered (for each person covered under the plan)
		<b>Diagnostic and Preventive Dental Procedures (No Deductible)</b>
0%	0%	Dental preventive services every 6 months. Examination or evaluation Cleaning Bitewing x-rays Fluoride (ages 18 and under only)
0%	0%	Full-mouth x-rays once every 5 years (a series of individual x-rays or a panoramic x-ray).
0%	0%	Space maintainers when a primary tooth is prematurely lost (ages 18 and under only).
0%	0%	Sealants on un-restored permanent molars, one sealant per tooth every three years, for ages 18 and under.
0%	0%	Emergency treatment to relieve pain.
0%	0%	Emergency evaluation.
		<b>Basic Dental Procedures For Basic plan, basic services are subject to a \$75 deductible per person per calendar year</b>
30%	50%	Amalgam (silver) or composite (tooth-colored) fillings.
50%	60%	Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every 2 years.
30%	50%	Root canal therapy excluding final restoration.
30%	50%	Pulpotomy and pulpal therapy.
30%	50%	Surgical removal of residual tooth roots (cutting procedure)
30%	50%	Non-surgical extractions.

30%	50%	Surgical extractions.
		<b>Major Dental Procedures For Basic plan, major services are subject to a \$75 deductible per person per calendar year</b>
30%	50%	Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every 2 years.
30%	50%	Removing and reforming diseased gum tissue once per area every 3 years.
30%	50%	Pedicle soft tissue graft procedure. Free soft tissue graft procedure (including donor site surgery). Sub epithelial connective tissue graft procedures (including donor site surgery).
30%	50%	Bone surgery once per area every 3 years.
30%	50%	General anesthesia in conjunction with covered surgical procedures, once per treatment.
50%	60%	Crowns. Replacing a defective existing crown is covered when the defective existing crown is at least 5 years old. Inlays and onlays are not covered. An alternate benefit will be provided.
50%	60%	Crown repair and rebuilding.
50%	60%	Denture adjustments and implant repairs.
50%	60%	Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; re-cement fixed bridgework; repair fixed bridgework.
50%	60%	Removable partial denture or complete denture. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least 5 years old.
50%	60%	Fixed bridge. Replacing a defective existing bridge is covered when the defective existing bridge is at least 5 years old.
50%	50%	Surgical installation of implants once per tooth every 5 years (includes abutment and crown).
50%	50%	Child Orthodontia is covered only covered after a 24 month waiting period and only if medically necessary as per the Idaho Smiles Malocclusion Index. Must meet 8 out of 12 points to qualify. There is no deductible for Orthodontia.

**Out of Pocket Maximum**

There is a \$1,000 out of pocket (OOP) annual maximum per enrollee per year. Once you have paid \$1,000 for an enrollee, all claims for that enrollee will be paid in full by Delta Dental of Idaho. The out of pocket maximum is applicable for only payments you make related to services performed by PPO and Premier providers. Any payments you make for services by an out of network provider does not count towards your \$1,000 out of pocket maximum.

**Optional Procedures**

We pay for the least expensive dental procedure necessary to fix the problem as outlined in the section *What Is Covered and What You Pay*. You are responsible for the remainder of the dentist’s fee if a more expensive dental procedure is selected.

**What We Don’t Cover**

The following services are not covered by this Contract.

1. Cosmetic services or supplies, including cosmetic work done on dentures.
2. Injuries or conditions covered under Workers’ Compensation or Employer’s Liability laws; services provided by any government agency; or any services that are provided free of charge.

3. Any dental services provided to anyone covered under this Contract while they are on active service in the Armed Forces.
4. Habit-breaking appliances.
5. Temporomandibular joint (TMJ) services or supplies.
6. Prescription drugs.
7. Any dental services performed or started before this Contract took effect or after this Contract ends.
8. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion.
9. Repair, relines, or adjustments of occlusal guards. General anesthesia and/or intravenous (deep) sedation, except when this Contract says otherwise.
10. Replacement or duplicate dentures, bridges or any other appliance.
11. Myofunctional Therapy.
12. There are no benefits for services, supplies, drugs or other charges that are procedures which are not included in the listed covered service or that are not medically necessary for the care of an insured's covered dental condition.
13. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or dentist within the scope of his or her license.
14. Services that are specialized techniques or that are experimental in nature as determined by the standards of generally accepted dental practice.
15. Services for which no valid dental need can be demonstrated. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
16. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of Delta Dental coverage.
17. Services covered or provided under any other plan or Contract.
18. Any other service not specifically listed in this Contract as a benefit.
19. Those Benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
20. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.
21. Pain relievers like nitrous oxide, conscious sedation, euphoric drugs, or injections.
22. Preventive control programs, including home care items.
23. Hospitalization and related charges.
24. Laboratory tests and/or laboratory examinations.
25. Consultations or second opinions.
26. Charges for missed or canceled appointments.
27. Patient management problems.
28. Charges for completing claim forms.

**Delta Dental Pediatric Plus Adult Plans**

**Certified Dental Essential Health Benefit  
Individual Pediatric Dental Plan  
Plus Adult  
Dental ‘Benefits Section Only from Contract’ from Delta Dental of Idaho**

Welcome to Delta Dental of Idaho – the state’s largest and most experienced dental benefits carrier. Delta Dental of Idaho is a member of the nationwide Delta Dental Plans Association. As a Delta Dental subscriber you are joining more than 59 million people across the country benefitting from our coverage. Subscriber is defined as the primary enrollee on the plan. At Delta Dental of Idaho we view our benefits packages as a partnership with our subscribers and our participating dentists.

What follows is a list of the dental procedures covered under this Individual Pediatric Dental Plan Plus Adult Contract, and the amount you have to pay for each procedure. If a procedure isn’t listed below, it’s not covered.

**Dental Procedures from a nonparticipating dentist – Adult age 19 and over**

We do not cover procedures provided by a dentist who is not in the Delta Dental Premier or Delta Dental PPO networks, but we reimburse you up to \$50 if you have paid a nonparticipating dentist for procedures defined by Delta Dental as “emergency relief of pain.” Proof of payment is required. The enrollee is responsible for all other charges and fees charged by the Non-Participating Provider, to the extent such amount exceeds \$50.

**What Is Covered and What You Pay**

**Benefits for Adult age 19 and over**

You pay	What is covered (for each person covered under the plan)
	<b>Diagnostic and Preventive Dental Procedures (No Deductible)</b>
0%	Dental preventive services every 6 months. Examination or evaluation Cleaning Bitewing x-rays
0%	Full-mouth x-rays once every 5 years (a series of individual x-rays or a panoramic x-ray).
0%	Space maintainers when a primary tooth is prematurely lost (ages 18 and under only).
0%	Sealants on the decay-free, biting surface of permanent molars, one sealant per tooth every two years, for ages 18 and under.
0%	Emergency treatment to relieve pain.
0%	Emergency evaluation.
	<b>Basic Dental Procedures (Subject to a \$50 deductible per person per benefit period)</b> * indicates a 6 month waiting period for service. ** indicates a 12 month waiting period for service.

20%	Amalgam (silver) or composite (tooth-colored) fillings. Replacing an existing filling is covered once every 2 years. *
50%	Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every 2 years. **
50%	Root canal therapy once per tooth every 2 years. **
50%	Pulpotomy and pulpal therapy. **
50%	Surgical or non-surgical treatment on tooth roots once per tooth every two years. **
50%	Non-surgical extractions. *
50%	Surgical extractions. *
	<b>Major Dental Procedures (Subject to a \$50 deductible per person per benefit period)</b> <b>** indicates a 12 month waiting period for the service.</b>
50%	Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every 2 years. **
50%	Removing and reforming diseased gum tissue once per area every 3 years. **
50%	Tissue graft procedures and removal of excess tissue once per tooth every 3 years. **
50%	Bone surgery once per area every 3 years. **
50%	General anesthesia in conjunction with covered surgical procedures, once per treatment. **
50%	Crowns. Replacing a defective existing crown is covered when the defective existing crown is at least 7 years old. Crowns, other than stainless steel crowns, for ages 15 and under are not covered. Inlays and onlays are not covered. **
50%	Crown repair and rebuilding. **
50%	Denture adjustments and implant repairs. **
50%	Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; re-cement fixed bridgework; repair fixed bridgework. **
50%	Removable partial denture or complete denture for persons ages 16 and up. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least 7 years old. **
50%	Fixed bridge for persons ages 16 and up. Replacing a defective existing bridge is covered when the defective existing bridge is at least 7 years old. **
50%	Surgical installation of implants once per tooth per lifetime for persons ages 16 and up. There is a per-tooth lifetime maximum of \$900 (includes abutment and crown). **

**Annual Maximum – Adult age 19 and over**

As a first year Subscriber you will have a \$1,000 annual maximum for dental services that will be paid by Delta Dental of Idaho. Your second year on this plan your annual maximum, the maximum amount we will pay on your behalf in any given year, will increase to \$1,250 and the third and subsequent years your annual maximum will be \$1,500. This is applicable to subscribers age 19 and over as of the contract start date.

**Optional Procedures – Adult age 19 and over**

We pay for the least expensive dental procedure necessary to fix the problem as outlined in the section *What Is Covered and What You Pay*. You are responsible for the remainder of the dentist’s fee if a more expensive dental procedure is selected.

**Benefits for Children under age 19**

Preferred You pay	Basic You pay	What is covered (for each person covered under the plan)
		<b>Diagnostic and Preventive Dental Procedures (No Deductible)</b>
0%	0%	Dental preventive services every 6 months. Examination or evaluation Cleaning Bitewing x-rays Fluoride (ages 18 and under only)
0%	0%	Full-mouth x-rays once every 5 years (a series of individual x-rays or a panoramic x-ray).
0%	0%	Space maintainers when a primary tooth is prematurely lost (ages 18 and under only).
0%	0%	Sealants on un-restored permanent molars, one sealant per tooth every three years, for ages 18 and under.
0%	0%	Emergency treatment to relieve pain.
0%	0%	Emergency evaluation.
		<b>Basic Dental Procedures. For Basic plan, basic services are subject to a \$75 deductible per person per calendar year</b>
30%	50%	Amalgam (silver) or composite (tooth-colored) fillings.
50%	60%	Stainless-steel crowns and ready-made resin crowns are covered on primary teeth. Replacing this type of crown is covered once every 2 years.
30%	50%	Root canal therapy excluding final restoration.
30%	50%	Pulpotomy and pulpal therapy.
30%	50%	Surgical removal of residual tooth roots (cutting procedure)
30%	50%	Non-surgical extractions.
30%	50%	Surgical extractions.
		<b>Major Dental Procedures. For Basic plan, major services are subject to a \$75 deductible per person per calendar year</b>
30%	50%	Scaling and root planing (deep cleaning for gum disease) once per area (upper right, lower right, upper left, lower left) every 2 years.
30%	50%	Removing and reforming diseased gum tissue once per area every 3 years.
30%	50%	Pedicle soft tissue graft procedure. Free soft tissue graft procedure (including donor site surgery). Sub epithelial connective tissue graft procedures (including donor site surgery).

30%	50%	Bone surgery once per area every 3 years.
30%	50%	General anesthesia in conjunction with covered surgical procedures, once per treatment.
50%	60%	Crowns. Replacing a defective existing crown is covered when the defective existing crown is at least 5 years old. Inlays and onlays are not covered. An alternate benefit will be provided.
50%	60%	Crown repair and rebuilding.
50%	60%	Denture adjustments and implant repairs.
50%	60%	Denture repairs, once every 12 months; relining and rebasing dentures to improve their fit; implant removal; re-cement fixed bridgework; repair fixed bridgework.
50%	60%	Removable partial denture or complete denture. Replacing a defective existing partial or complete denture is covered when the defective existing partial or complete denture is at least 5 years old.
50%	60%	Fixed bridge. Replacing a defective existing bridge is covered when the defective existing bridge is at least 5 years old.
50%	50%	Surgical installation of implants once per tooth every 5 years (includes abutment and crown).
50%	50%	Child Orthodontia is covered only covered after a 24 month waiting period and only if medically necessary as per the Idaho Smiles Malocclusion Index. Must meet 8 out of 12 points to qualify. There is no deductible for Orthodontia.

**Out of Pocket Maximum - Children under age 19**

There is a \$1,000 out of pocket (OOP) annual maximum per enrollee per year. Once you have paid \$1,000 for an enrollee, all claims for that enrollee will be paid in full by Delta Dental of Idaho. The out of pocket maximum is applicable for only payments you make related to services performed by PPO and Premier providers. Any payments you make for services by an out of network provider does not count towards your \$1,000 out of pocket maximum.

**Optional Procedures - Children under age 19**

We pay for the least expensive dental procedure necessary to fix the problem as outlined in the section *What Is Covered and What You Pay*. You are responsible for the remainder of the dentist’s fee if a more expensive dental procedure is selected.

**What We Don’t Cover for Pediatric Dental Plan Plus Adult**

The following services are not covered by this Contract.

1. Cosmetic services or supplies, including cosmetic work done on dentures.
2. Injuries or conditions covered under Workers’ Compensation or Employer’s Liability laws; services provided by any government agency; or any services that are provided free of charge.
3. Any dental services provided to anyone covered under this Contract while they are on active service in the Armed Forces.
4. Habit-breaking appliances.
5. Temporomandibular joint (TMJ) services or supplies.
6. Prescription drugs.
7. Any dental services performed or started before this Contract took effect or after this Contract ends.
8. Appliances, surgical procedures, and restorations for increasing vertical dimension; for restoring occlusion; for replacing tooth structure loss resulting from attrition, abrasion, or erosion.

9. Repair, relines, or adjustments of occlusal guards. General anesthesia and/or intravenous (deep) sedation, except when this Contract says otherwise.
10. Replacement or duplicate dentures, bridges or any other appliance.
11. Myofunctional Therapy.
12. Fluoride is a benefit for children ages 18 and under only.
13. There are no benefits for services, supplies, drugs or other charges that are procedures which are not included in the listed covered service or that are not medically necessary for the care of an insured's covered dental condition.
14. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist or denturist within the scope of his or her license.
15. Services that are specialized techniques or that are experimental in nature as determined by the standards of generally accepted dental practice.
16. Services for which no valid dental need can be demonstrated. Services or supplies received as a result of defect, or injury due to an act of war, declared or undeclared.
17. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay or for which no charge would be made in the absence of Delta Dental coverage.
18. Services covered or provided under any other plan or Contract.
19. Any other service not specifically listed in this Contract as a benefit.
20. Those Benefits excluded by the policies and procedures of Delta Dental, including the Processing Policies.
21. Delta Dental is not obligated to pay claims received more than 12 months after the date of service.
22. Pain relievers like nitrous oxide, conscious sedation, euphoric drugs, or injections.
23. Preventive control programs, including home care items.
24. Hospitalization and related charges.
25. Laboratory tests and/or laboratory examinations.
26. Consultations or second opinions.
27. Charges for missed or canceled appointments.
28. Patient management problems.
29. Charges for completing claim forms.

**Delta Dental Individual Stand Alone Dental Plan Rates**

# Idaho Health Exchange Certified plans & pricing

Plan name	Preferred Pediatric Plan	Preferred Pediatric Plan Plus Adult	Basic Pediatric Plan	Basic Pediatric Plan Plus Adult
	Age 0-19	Adult Age 19+	Age 0-19	Adult Age 19+
	<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>	<a href="#">Learn more</a>
<b>Plan benefits</b>				
Cleaning	100%	100%	100%	100%
Exams	100%	100%	100%	100%
Bitewing X-rays	100%	100%	100%	100%
Fillings*	70%	80% <i>(6-month waiting period)</i>	50%	80% <i>(6-month waiting period)</i>
Non Surgical Extractions*	70%	50% <i>(6-month waiting period)</i>	50%	50% <i>(6-month waiting period)</i>
Crowns*	50%	50% <i>(12-month waiting period)</i>	40%	50% <i>(12-month waiting period)</i>
Root Canal*	70%	50% <i>(12-month waiting period)</i>	50%	50% <i>(12-month waiting period)</i>
Implants*	50%	50% <i>(12-month waiting period)</i>	50%	50% <i>(12-month waiting period)</i>
Ortho	50% Medically-necessary with 24-month waiting period	N/A	50% Medically- necessary with 24-month waiting period	N/A
<b>Maximum Plan Pays</b>	N/A	\$1,000 / \$1,250 / \$1,500 <i>year 1 / year 2 / year 3</i>	N/A	\$1,000 / 1,250 / 1,500 <i>year 1 / year 2 / year 3</i>
<b>Out-of-Pocket Maximum</b>	\$1,000 / year	N/A	\$1,000 / year	N/A
<b>Deductible (per calendar year)</b>	\$0	\$50	\$75	\$50
* Deductible applies only to services noted above		<b>Under age 19 use the Preferred Pediatric Plan</b>		<b>Under age 19 use the Basic Pediatric Plan</b>
<b>Pricing (per person)</b>				
0-18	\$54.54	\$54.54	\$44.56	\$44.56
19-24	-	\$36.05	-	\$36.05
25-34	-	\$36.57	-	\$36.57
35-44	-	\$38.11	-	\$38.11
45-54	-	\$43.26	-	\$43.26
55-64	-	\$46.35	-	\$46.35
65+	-	\$48.15	-	\$48.15

## **PacificSource – Carrier Information**



A list of the dental plans available from PacificSource can be found below with descriptions on the pages that follow.

Low	<a href="#">PacificSource</a>	<a href="#">Kids Dental Choice 20/40/50/50</a>
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### **PacificSource of Idaho Dental Rates**

For a list of rates for PacificSource individual stand-alone dental plans, click [HERE](#). Please remember that the rates you will see displayed may be different from what you will actually pay.

**PacificSource Website:** <http://www.pacificsource.com/find-an-individual-plan/>

**PacificSource Phone Number:** Call a PacificSource Coverage Advisor toll-free at (855) 330-2792

**Pacific Source Individual Stand Alone Dental Plan Information**

# PacificSource Kids Dental Choice

Kids Dental Choice gives you the freedom to see any dentist you choose. The table below reflects the amounts **you pay**. It provides a general summary of the coverage and limitations. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions.

			Direct and Your Health Idaho
			Kids 20/40/50/50 Plan
<b>Annual Maximum Benefit</b>			No maximum
<b>Annual Deductible</b>		The amount you pay each calendar year before the plan pays for covered services except those marked "not subject to deductible."	Class I: No deductible Class II and III: \$50 deductible
<b>Out-of-Pocket Limit</b>		The most you'll pay out of pocket for covered services. Out-of-pocket includes co-payments, deductibles, and co-insurance.	\$1,000 per child
<b>Co-insurance</b>		The amount you pay after your deductible is met.	20-50%
<b>Class I: Diagnostic and Preventive Care</b>	<b>Routine Examinations</b>	2 per calendar year	20% (no waiting period)
	<b>Dental Cleanings (Prophylaxis or Periodontal Maintenance)</b>	2 per calendar year	
	<b>Full Mouth X-rays and/or Panorex</b>	1 complete mouth series every 5 years	
	<b>Bitewing X-rays</b>	4 films in a 6-month period	
	<b>Topical Fluoride</b>	2 applications per calendar year	
	<b>Sealants</b>	1 application every 3 years to permanent molars and bicuspid	
	<b>Space Maintainers</b>		
<b>Class II: Basic Services</b>	<b>Fillings</b>	1 per surface per tooth every calendar year; reduced to amalgam restoration	40% (no waiting period)
	<b>Simple Extractions</b>	Covered	
	<b>Periodontal Scaling and Root Planing and/or Curettage</b>	1 procedure every 24 months per quadrant	
	<b>Full Mouth Debridement</b>	1 procedure per lifetime	
<b>Class II: Complicated Services</b>	<b>Root Canal Therapy</b>	1 per tooth every 3 years	50% (no waiting period)
	<b>Oral Surgery</b>	Covered; requires preauthorization	
	<b>Periodontal Surgery</b>	Covered; requires preauthorization	
<b>Class III: Major Treatments</b>	<b>Crowns</b>	1 per tooth every 5 years	50% (no waiting period)
	<b>Prosthetic Devices (Bridges)</b>	Replaced after 5 years	
	<b>Cast Partial Denture, Full, Immediate, or Overdenture</b>	Limited to cost of full or cast partial denture	
	<b>Fixed or Removable Cast Partials</b>	During first 36 months of coverage, limited to replacement of tooth extracted or lost	
	<b>Dental Implant</b>	Limited to once per lifetime per tooth space. Final crown and implant abutment over a single implant. Final implant-supported bridge abutment and implant abutment, or pontic. Alternate benefit per arch of conventional full/partial denture for final implant-supported full/partial denture prosthetic device.	
<b>Policy Provision</b>	<b>Missing Teeth Exclusion</b>	A 36-month waiting period applies to treatment for teeth extracted prior to the policy effective date. Prior coverage is creditable.	Yes

# PacificSource Kids Dental Choice

## Dental Plan Excluded Services\*

The following treatments, situations, and conditions are not covered under PacificSource individual and family dental plans. A full explanation of benefits, including limitations and exclusions, will be provided in your policy. You're welcome to contact us if you have questions.

### **Aesthetic dental procedures**

### **Antimicrobial agents**

### **Athletic activities**

**Benefits not stated** – Any services and supplies not specifically described as covered benefits under this policy

### **Biopsies or histopathologic exams**

**Bone replacement grafts** to prepare sockets for implants after tooth extraction

### **Charges for broken appointments**

### **Collection of cultures and specimens**

### **Comprehensive periodontal exams**

### **Connector bar or stress breaker**

**Core build-ups** are not covered unless used to restore a tooth that has been treated endodontically (root canal)

**Cosmetic/reconstructive services and supplies** – However, the replacement of congenitally missing teeth is covered. (Congenital anomalies are not considered cosmetic.)

**Denture replacement** made necessary by loss, theft, or breakage

**Diagnostic casts** – Diagnostic casts (study models), gnathological recordings, occlusal appliances, occlusal equilibration procedures, or similar procedures

**Drugs and medications** that are prescribed drugs, premedication drugs, analgesics (e.g., non-intravenous sedation), any other euphoric drugs, or any take-home medicine or supplies distributed by a provider

### **Educational programs**

### **Experimental or investigational procedures**

### **Fractures of the mandible**

**General anesthesia** except when administered by a dentist in connection with oral surgery in his/her office

**Gingivectomy, gingivoplasty or crown lengthening** in conjunction with crown preparation or bridge services done on the same date of service

**Hospital charges** or additional fees charged by the dentist for hospital treatment.

### **Hypnosis**

**Indirect pulp caps** are to be included in the restoration process, and are not a separate covered benefit.

### **Infection control**

### **Intra and extra coronal splinting**

### **Oral surgery treating any fractured jaw**

**Orthodontic services**, except as provided for medically

necessary treatment when treatment began prior to turning age 19 and was not completed prior to turning age 19.

### **Orthognathic surgery**

### **Photographic images**

### **Precision attachments**

### **Pulpotomies on permanent teeth**

**Removal of clinically serviceable amalgam restorations** to be replaced by other materials free of mercury, except with proof of allergy to mercury

### **Services covered by the member's medical plan**

**Services for rebuilding or maintaining chewing surfaces** due to teeth out of alignment or occlusion, or for stabilizing the teeth

**Services or supplies** (except as specifically provided for in the policy):

- Available to you from another source, including those available through a government agency
- For which no charge is made, for which the member is not legally required to pay, or for which a provider or facility is not licensed to provide
- For which you are not willing to release the medical or eligibility information PacificSource needs to determine the benefits paid under this plan.
- Received after enrollment in this policy ends
- Provided outside of the United States, except in cases of emergency

**Sinus lift grafts** to prepare sinus site for implants

### **Stress-breaking or habit-breaking appliances**

**Temporomandibular joint** services or supplies

### **Third party liability, motor vehicle liability, motor vehicle insurance coverage, workers' compensation**

– Any services or supplies for illness or injury for which a third party is responsible or which are payable by such third party or which are payable pursuant to applicable insurance

### **Tooth transplantation**

**Treatment after insurance ends or prior to enrollment** (except as specifically provided for in the policy)

### **Treatment not dentally necessary**

**Unwilling to release information** – Charges for services or supplies for which you are unwilling to release dental information necessary to determine eligibility for payment under this plan

### **War-related conditions**

**Work-related conditions** – Work-related illness or injury treatment (services typically covered by workers' compensation insurance)

*\*Please note: Full descriptions will be provided in your policy. Only the language of the actual policy is final and binding.*

**Pacific Source Individual Stand Alone Dental Plan Rates**



## **2014 Idaho Kids Dental Choice Rates**

Available in all Idaho counties.

Subscriber through age 18: \$30.00 per month

Spouse through age 18: \$30.00 per month

Child through age 18: \$30.00 per month for each child up to three children, \$0.00 for each additional child.