

Delta Dental Plans

Boise Municipal Health Care Trust

January 1, 2020

Elections are independent of the Medical/Vision Plans

Dental	Comprehensive Dental	Core Dental	Preventive Dental
Deductible:	\$25	\$25	\$25
Annual Benefit Maximum:	\$2,000	\$1,500	\$500
Preventive Services:	100%	100%	100%
Basic Services:	80%	80%	80%
Major Services:	70% In Network; 50% Out of Net	50%	0%
Orthodontia:	75% not subject to deductible	No Benefits	No Benefits
Orthodontia Max:	\$2,500		

Dental Blue Connect

Service Provided at Willamette Dental Clinics Only

Dental	Dental Blue
Deductible:	None
Annual Benefit Maximum:	None
Major Services:	Per Procedure Fee
Preventive Services:	\$15
Basic Services:	\$15
Pre-Orthodontia:	\$350
Orthodontia:	\$1,800
Crown:	\$200
Dentures:	\$250 top \$250 bottom
Root Canal:	\$75-\$175
Oral Surgery:	\$75
Routine extractions:	\$15
Office Visit:	\$15