

# Delta Dental of Idaho

Unleash the power of your smile



## What can a dental plan do for you?

**Keep you healthy.** Adults with dental coverage are 43 percent more likely to visit the dentist regularly and are more likely to report good oral health.

**Prevent Disease.** Your dentist can detect signs and symptoms of more than 120 diseases, including diabetes and cancer.<sup>1</sup>

**Save money.** Delta Dental offers our members access to the country's most extensive network of dentists. Members will save money and experience lower costs because both the Delta Dental of Idaho PPO and Premier network dentists have agreed to predetermined maximum fees.

**Prevention first.** With your Delta Dental plan, exams and cleanings are covered at little to no out-of-pocket cost to you, leading to better overall health.



To find a dentist, visit  
[deltadentalid.com](http://deltadentalid.com)



Customer Service  
208-489-3580  
208-489-3557 FAX  
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# Boise Municipal Health Care Trust

## Summary of Benefits

Group #2700

BENEFITS	Comprehensive	Core	Preventive
Annual Maximum*	\$2,000	\$1,500	\$500
Deductible	\$25	\$25	\$25
*The annual maximums and deductibles are determined each calendar year, from January 1 <sup>st</sup> through December 31 <sup>st</sup> .			
<b>Network:</b>	<b>PPO/Premier</b>	<b>PPO/Premier</b>	<b>PPO/Premier</b>
<b>Class I Benefits</b>	100%	100%	100%
Diagnostic and Preventive Services			
Radiographs			
<b>Class II Benefits</b>	80%	80%	80%
Oral Surgery Services			
Endodontic Services			
Periodontic Services			
Minor Restorative Services			
<b>Class III Benefits</b>	70%	50%	N/A
Major Restorative Services			
Prosthodontic Services			
<b>Class IV Benefits</b>	75%	N/A	N/A
Orthodontic Services Child and Adult			
<b>Orthodontia Lifetime Maximum</b>	\$2,500	N/A	N/A

### Additional Benefits / Limitations

#### Class I Preventive and Diagnostic Services

Examinations twice per year; Cleanings twice per year; Fluoride twice per year for dependent children under age 23; Sealants once per tooth every 24 months for dependent children under 16; Full mouth series and panoramic x-rays once every 3 years; Bitewing x-rays twice per year; Space maintainers under age 14 once a lifetime per permanent tooth.

#### Class II Basic Services

Periodontal cleanings four times per benefit year; Full mouth debridement (4355) is a benefit if no cleanings within 12 months of the service date (an additional cleaning is allowed within 60 days of the full mouth debridement); Scaling and root planning (4341, 4342) covered twice per year per quadrant (no limit as to the number of quadrants per visit); Root Canals, Extractions, Periodontics; Fillings restricted to same tooth/surface once every 24 months; Posterior fillings are paid as composites; Composite fillings are not downgraded to amalgam; Nitrous oxide is not covered.

#### Dependents

Eligible children must be under age 26.

#### Class III Major Restorative Services (if applicable)

Crowns, Build-ups, stainless steel crowns, onlays, or bridges on same tooth once every 5 years; For dependent children under age 16, benefits are limited to plastic or stainless steel crowns on same tooth once every 24 months; Prosthetic services pay on the prep date; Occlusal guards are covered for bruxism only once in 24 months; Missing tooth clause does not apply; TMJ is not a covered benefit; Partial, or dentures 1 time per arch every 5 years, eligible for partials at age 16.

#### Implants (if applicable)

Implants are a covered benefit per tooth with a maximum lifetime benefit of \$1,250 (including crown) applied to the annual individual maximum benefit.

#### Orthodontic Services Child and Adult (if applicable)

Maximum orthodontic lifetime benefit is \$2,500; Replacement of orthodontic appliance is not covered.

This is only a general summary of benefits. It provides a brief description about the important features of this policy and does not constitute a contract or guarantee of payment. Full terms and conditions are set forth in the policy provisions. If you have any questions about your benefit plan's coverage detail and benefits or would like to submit a predetermination before services are performed, please call one of our friendly Delta Dental customer service advisors at (208) 489-3580. You may also log onto our website, [www.deltadentalid.com](http://www.deltadentalid.com), for benefit and eligibility information or up-to-date claim status. If you have a fax machine, you may access your eligibility and claim information by calling Delta Dental's ProFax number at (208) 489-3545.