



## Dental Blue Connect Plan for Idaho School Benefit Trust

Benefit Highlight Sheet Plummer-Worley School District Effective: September 1, 2022	Dental Blue Connect Plan 1 for Idaho School Benefit Trust
Contracting Providers*	
What You Pay	
<b>Individual Deductible</b>	No Deductible
<b>Annual Maximum</b>	No Annual Maximum
<b>General Office Visit</b>	\$15 Copayment
Diagnostic and Preventive Services	
<b>Routine and Emergency Exams</b>	No charge after applicable Office Visit Copayment
<b>All X-rays</b>	
<b>Teeth Cleaning</b>	
<b>Fluoride Treatment</b>	
<b>Sealants</b>	
<b>Head and Neck Cancer Screening</b>	
<b>Oral Hygiene Instruction</b>	
<b>Periodontal Charting</b>	
<b>Periodontal Evaluation</b>	
Restorative Dentistry	
<b>Filings</b>	\$15 Copayment
<b>Porcelain-Metal Crown</b>	\$150 Copayment
Prosthodontics	
<b>Complete Upper or Lower Denture</b>	\$200 Copayment
<b>Bridge (per Tooth)</b>	\$150 Copayment
Endodontics and Periodontics	
<b>Root Canal Therapy — Anterior</b>	\$50 Copayment
<b>Root Canal Therapy — Bicuspid</b>	
<b>Root Canal Therapy — Molar</b>	
<b>Osseous Surgery (per Quadrant)</b>	\$75 Copayment
<b>Root Planing (per Quadrant)</b>	\$25 Copayment
Oral Surgery	
<b>Routine Extraction (Single Tooth)</b>	\$15 Copayment
<b>Surgical Extraction</b>	\$75 Copayment
Orthodontic Services	
<b>Pre-Orthodontic Service</b> (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)	\$150 Copayment
<b>Comprehensive Orthodontic Service</b>	\$1,500 Copayment
Miscellaneous	
<b>Local Anesthesia</b>	No charge after applicable Office Visit Copayment
<b>Dental Lab Fees</b>	
<b>Nitrous Oxide</b>	\$20 Copayment
<b>Specialty Office Visit</b>	\$30 Copayment
<b>Implants</b>	No charge up to \$1,500

**Supported by Willamette Dental Group – 1.855.4DENTAL (1-855-433-6825)**

The information in this Highlight Sheet is for informational and comparison purposes only. It is not a complete summary or description of benefits Coverage is subject to the provisions of the corresponding Plan Documents and Summary Plan Description, which contains the detailed terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the Plan Document and Summary Plan Description issued for a more complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference or conflict between this Highlight Sheet and its corresponding Plan Documents and Summary Plan Description, the Plan Documents and Summary Plan Description will control. This Highlight Sheet is subject to annual update.