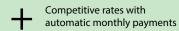
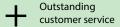
Delta Dental of Idaho is the state's leader in dental benefits. We offer everything you would expect and more — in our individual and family plan options:









GREATEST COVERAGE OF OUR EXCHANGE

# Smile Complete Adult + **Preferred Pediatric**

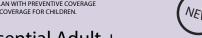
- + \$1,500 annual maximum (adults only).
- + Major services covered at 50%.
- + 70% coverage for fillings (children).

BASIC COVERAGE FOR ADULT ROUTINE VISITS PAIRED

# Smile Adult + **Preferred Pediatric**

- + Fillings or non-surgical extractions, covered at 50% (adult only)
- + Cleanings, X-rays, other preventive services covered at 100%.

MOST COST-FRIENDLY PLAN WITH PREVENTIVE COVERAGE FOR ADULTS AND BASIC COVERAGE FOR CHILDREN



# Smile Essential Adult + **Smile Basic Pediatric**

- + Most cost-friendly plan with preventive coverage for adults and basic coverage for children.
- + \$1,000 annual maximum (adults only).
- + Only periodontal maintenance and composite fillings covered at 40%.
- + Cleanings and X-rays, other preventive services, are covered at 100%

GREATEST COVERAGE FOR ADULTS PAIRED

## Smile Complete Adult + **Basic Pediatric**

- + \$1,500 annual maximum (adults only).
- + Major services covered at 50% (adults only)
- + 40% coverage for fillings (children).

DESIGNED TO COVER ROUTINE DENTIST VISITS SUCH AS CLEANINGS AND X-RAYS.

# Smile Adult + **Basic Pediatric**

- Fillings or non-surgical extractions covered at 50% (adult only).
- Cleanings, X-rays, and other preventive services are covered at 100%

# Orthodontic **Discount Plan**

- + Members receive a discounted fee for adult and child orthodontic treatment.
- + This is a value-added service and is not insurance.

Delta Dental of Idaho complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-(800) 356-7586 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。 清致電 1-(800) 356-7586

# Why choose **Delta Dental?**

We're passionate about people and their oral health.



Protecting smiles for over 50 years!

# © Customer Service

Caring, local customer service agents.



Easy claims processing



More than 140,000 participating dentists nationwide.

### ∞ 90 million

**Delta Dental covers** more than 90 million people nationwide.\*

Having a good dental benefits plan helps promote a healthy smile; it can greatly improve one's overall health and productivity, too!

### Learn more. Get a quote. Or enroll.

Visit www.deltadentalid.me or call 1-855-713-3582 today!

Services highlighted in this brochure represent a partial listing of covered services. There may be limits on how many times participants can use certain services in a year Please see Delta Dental Policies/Contracts for a full listing of benefits and services and the cost for these services, which can be found at a



DELTA DENTAL OF IDAHO

# 2025 Affordable Care Act Dental Plans for Individuals & Families



Smile! Here are your choices of quality dental plans from the nation's preferred dental benefits provider!



See inside for a side-by-side comparison of plan benefits!

# At-A-Glance Comparison of plan benefits and what you pay

Plan Benefit	Smile Comple Preferred Ped	Smile Complete Adult + Preferred Pediatric		Smile Complete Adult + Basic Pediatric		Smile Adult + Preferred Pediatric		Smile Adult + Basic Pediatric		Smile Essential Adult + Smile Basic Pediatric	
You pay the percentages below after the deductible has been met	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	
Cleaning	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Exams	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Bitewing X-rays	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Fillings	30%	20%*	60%	20%*	30%	50%*	60%	50%*	60%	60%* Only perio maintenance and composite fillings	
Non Surgical Extractions	30%	50%*	60%	50%*	30%	50%*	60%	50%*	60%	Not covered	
Root Canal	30%	50%**	60%	50%**	30%	100%	60%	100%	60%	Not covered	
Crowns	50%	50%**	60%	50%**	50%	100%	60%	100%	60%	Not covered	
Orthodontia	50% Medically Necessary Only	N/A	50% Medically Necessary Only	N/A	50% Medically Necessary Only	N/A	50% Medically Necessary Only	N/A	50% Medically Necessary Only	N/A	
Plan Comparison											
Maximum Plan Pays	Unlimited	\$1,500	Unlimited	\$1,500	Unlimited	\$1,000	Unlimited	\$1,000	Unlimited	\$1,000	
Deductible	\$25†	\$50 <sup>†</sup>	\$75	\$50 <sup>†</sup>	éart.	\$75 <sup>†</sup>	\$75 Applies to all services	\$75 <sup>†</sup>	\$75	\$90 Applies to all services	
<del></del>		\$50,	Applies to all services	\$30.	\$25†	4,3	Applies to all services	4,5	Applies to all services	Applies to all services	
Out-of-Pocket Maximum In-Network	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	
	\$850 for 2 or		\$425 for 1 child/ \$850 for 2 or		\$425 for 1 child/ \$850 for 2 or		\$425 for 1 child/ \$850 for 2 or		\$425 for 1 child/ \$850 for 2 or		
In-Network Out-of-Pocket Maximum	\$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	
In-Network  Out-of-Pocket Maximum  Out-of-Network	\$850 for 2 or more children \$2,000	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A	
In-Network  Out-of-Pocket Maximum Out-of-Network  Monthly Rates/Age Bands:	\$850 for 2 or more children \$2,000	N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	
In-Network  Out-of-Pocket Maximum Out-of-Network  Monthly Rates/Age Bands:  0-18	\$850 for 2 or more children \$2,000 \$41	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A 95	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A .66	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A	
In-Network  Out-of-Pocket Maximum Out-of-Network  Monthly Rates/Age Bands:  0-18  19-24	\$850 for 2 or more children \$2,000 \$41 \$48 \$50	N/A N/A 1.66	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$32.5	N/A N/A 95 67	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$41	N/A N/A .66 .67	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A .33 .84	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A 2.33 9.19	
In-Network  Out-of-Pocket Maximum Out-of-Network  Monthly Rates/Age Bands:  0-18  19-24  25-34	\$850 for 2 or more children \$2,000 \$41 \$48 \$50 \$50	N/A N/A 1.66 8.45 0.18	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$32.5 \$46.6	N/A N/A 95 67 30	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$41 \$31	N/A N/A .66 .67 .77	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$32	N/A N/A .33 .84 .04	\$425 for 1 child/ \$850 for 2 or more children \$2,000	N/A N/A 2.33 9.19 9.32	
In-Network  Out-of-Pocket Maximum Out-of-Network  Monthly Rates/Age Bands:  0-18  19-24  25-34  35-44	\$850 for 2 or more children \$2,000 \$41 \$48 \$50 \$52	N/A N/A 1.66 8.45 0.18 2.28	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$32.9 \$46.0 \$48.3	N/A N/A 95 67 30 34	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$41 \$31 \$31	N/A N/A .66 .67 .77 .77	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$32 \$32 \$30 \$30	N/A N/A 1.33 1.84 1.04 1.04	\$425 for 1 child/ \$850 for 2 or more children \$2,000 \$33 \$19 \$19	N/A N/A 2.33 9.19 9.32	

<sup>\*6-</sup>month waiting period applies.

Please visit our website at deltadentalid.me or call 1-855-703-3582 for the latest plan information and rates. There may be limits on how many times you can use certain services in a year. See plan contract for coverage specifics. Non-Exchange-certified plans are also available. Visit www.deltadentalid.me for more information

#### QUESTIONS ABOUT OUR PLANS?

# We have answers.

### Who can purchase a plan?

Coverage is available to all permanent residents of Idaho. Spouses and/or dependent children are also eligible. Coverage can be purchased by individuals, two-person households, or families.

### Can I use my own dentist?

You can receive care from any licensed dentist. However, to receive the benefits of your plan, you must choose a Delta Dental PPO™ or Delta Dental Premier® participating dentist. 9 out of 10 dentists in Idaho are members of one or both of our networks. Find yours by visiting deltadentalid.me.

### Can I get dental coverage if I am part of a Medicare plan?

Yes. Delta Dental plans are a smart choice to fill dental coverage gaps in Medicare plans. Medicare Parts A and B exclude routine dental care and Medicare Advantage plans vary greatly in the amount of dental coverage they provide.

### What happens when I travel?

Delta Dental coverage goes wherever you go, in or out of Idaho, even with college students as they travel across the country. You'll have peace of mind knowing your dental needs are covered!

### What services are not covered?

For a complete list of benefits, terms, limitations, and exclusions of all our individual plans, please go to deltadentalid.me or call 1-855-713-3582.

### How soon can I have coverage?

You can sign up from October 15 through December 16 for coverage to begin January 1.

### Is it easy to enroll?

Yes! The fastest way to enroll is to visit our website at deltadentalid.me or call us toll-free at 1-855-713-3582, Monday -Thursday, 8 a.m. – 5 p.m., or 8 a.m. – 4 p.m. Friday, Mountain Time.

<sup>\*\* 12-</sup>month waiting period applies.

<sup>†</sup> Does not apply to diagnostic and preventive services such as cleanings, exams, or bitewing X-rays.