

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:

+ Competitive rates with automatic monthly payments

+ Quality coverage options for your entire family

+ The freedom to choose any dentist from our extensive network

+ Outstanding customer service

GREATEST COVERAGE OF OUR EXCHANGE CERTIFIED PLANS FOR ADULTS AND CHILDREN.

Smile Complete Adult + Preferred Pediatric

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

GREATEST COVERAGE FOR ADULTS PAIRED WITH BASIC COVERAGE FOR CHILDREN.

Smile Complete Adult + Basic Pediatric

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

BASIC COVERAGE FOR ADULT ROUTINE VISITS PAIRED WITH COMPREHENSIVE COVERAGE FOR CHILDREN.

Smile Adult + Preferred Pediatric

- + Fillings or non-surgical extractions, covered at 50% (adult only) and 70% (children).
- + Cleanings, X-rays, other preventive services covered at 100%.

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%.

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%.
- + Lower premium.
- + Cleanings and X-rays, 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。請致電 1-(800) 356-7586

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

Why choose Delta Dental?

We're passionate about people and their oral health.

☆ 50 years

Protecting smiles for over 50 years!

📍 Customer Service

Caring, local customer service agents.

☆ Outstanding benefits

✔ Easy claims processing

👤 140,000

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 www.deltadentalid.me.

*deltadental.com



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!



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

Plan Benefit	Smile Complete Adult + Preferred Pediatric		Smile Complete Adult + Basic Pediatric		Smile Adult + Preferred Pediatric		Smile Adult + Basic Pediatric		Smile Essential Adult + Smile Basic Pediatric	
	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult
You pay the percentages below after the deductible has been met										
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 [†]	\$75 Applies to all services	\$50 [†]	\$25 [†]	\$75 [†]	\$75 Applies to all services	\$75 [†]	\$75 Applies to all services	\$90 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
Out-of-Pocket Maximum Out-of-Network	\$2,000	N/A	\$2,000	N/A	\$2,000	N/A	\$2,000	N/A	\$2,000	N/A
Monthly Rates/Age Bands:										
0-18		\$41.66		\$32.95		\$41.66		\$32.33		\$32.33
19-24		\$48.45		\$46.67		\$31.67		\$29.84		\$19.19
25-34		\$50.18		\$48.30		\$31.77		\$30.04		\$19.32
35-44		\$52.28		\$50.34		\$31.77		\$30.04		\$19.32
45-54		\$59.36		\$57.17		\$32.79		\$30.96		\$19.91
55-64		\$64.11		\$61.76		\$35.24		\$33.30		\$21.42
65+		\$64.11		\$61.76		\$35.24		\$33.30		\$21.42

* 6-month waiting period applies.
 ** 12-month waiting period applies.
 † Does not apply to diagnostic and preventive services such as cleanings, exams, or bitewing X-rays.

Waiting periods can be waived if member has prior credible dental coverage and enrolls within 30 days of loss of that coverage. No additional premium cost after the third enrolled child.
 Please Note: Monthly premiums may be different based on plan choice, age, location, number of people insured, their ages and relationship to you. Plan designs and rates are subject to change.

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.