## SUMMARY OF BENEFITS

Idaho Small Group Plans – 2024



Annual Maximum     No Deductible       General or Orthodontic Office Visit     \$15 per Visit     \$20 per Visit	COVERED BENEFITS	158	128	178	188	
General or Orthodontic Office Visit \$15 per Visit \$15 per Visit \$20 per Visit \$20 per Visit \$20 per Visit   DIAGNOSTIC & PREVENTIVE SERVICES Covered with your Office Visit Copay    Xrays Covered with your Office Visit Copay   Teeth Cleaning Covered with your Office Visit Copay   Teeth Cleaning Covered with your Office Visit Copay   Sealants (per Tooth) Covered with your Office Visit Copay   Head and Neck Cancer Screening Covered with your Office Visit Copay   Oral Hygien Instruction Covered with your Office Visit Copay   Periodontal Charting and Evaluation Covered with your Office Visit Copay   RESTORATIVE DENTISRY \$15 \$15 \$30   Precisit Metal Crown \$150 \$200 \$300 \$325   PROSTHODONTICS \$200 \$400 \$450   Bridge (per Tooth) \$150 \$200 \$300 \$325   ENDODONTICS & PERIODONTICS \$75/\$100/\$125 \$75/\$100/\$125 \$150/\$200/\$250   Osseous Surgery (per Quadrant) \$150 \$200 \$200 \$250   ORAL SURGERY Covered with the Office Visit Copay \$150 \$150' \$150'   ORAL SURGERY Covered with the Office Visit Copay \$150/\$250 \$255 \$250   ORAL SURGER	Annual Maximum		No Annual Maximum			
DIAGNOSTIC & PREVENTIVE SERVICES Covered with your Office Visit Copay   Routine & Emergency Exams Covered with your Office Visit Copay   Teeth Cleaning Covered with your Office Visit Copay   Fluoride Treatment Covered with your Office Visit Copay   Sealants (per Tooth) Covered with your Office Visit Copay   Head and Neck Cancer Screening Covered with your Office Visit Copay   Oral Hygiene Instruction Covered with your Office Visit Copay   Periodontal Charting and Evaluation Covered with your Office Visit Copay   RESTORATIVE DENTISTRY Fillings   Fillings Covered with the Office Visit Copay   POSTHODONTCS S200 \$300   Complete Upper or Lower Denture \$200 \$200 \$400   Bridge (per Tooth) \$150 \$200 \$300   Bridge (per Tooth) \$150 \$200 \$400   Bridge (per Tooth) \$150 \$200 \$450   Bridge (per Tooth) \$150 \$200 \$300   Bridge (per Tooth) \$150 \$200 \$250   Oost Canal Therapy - Anterior/Blcuspid/ \$75/\$100/\$125 \$75/\$100/\$125 \$150/\$200/\$250   Osseous Surgery (per Quadrant) \$50 \$75 \$85 \$100   Surgical Extraction (Single Tooth) Covered with the Of	Deductible	No Deductible				
Routine & Emergency ExamsCovered with your Office Visit CopayX-raysCovered with your Office Visit CopayTeeth CleaningCovered with your Office Visit CopayFluoride TreatmentCovered with your Office Visit CopaySealents (per Tooth)Covered with your Office Visit CopayHead and Neck Cancer ScreeningCovered with your Office Visit CopayOral Hygiene InstructionCovered with your Office Visit CopayPeriodontal Charting and EvaluationCovered with your Office Visit CopayRESTORATIVE DENTISTRY\$15\$15\$30Porcelain-Metal Crown\$150\$200\$300\$325PROSTHODONTICSENDODONTICSENDODONTICSENDODONTICSCovered with the Office Visit Copay\$150\$200\$300\$325ENDODONTICS\$75/\$100/\$120\$75/\$100/\$125\$75/\$100/\$125\$150/\$200/\$250Osseous Surgery (per Quadrant)\$150\$200\$300\$325ORAL SURGERYCovered with the Office Visit Copay\$150\$200\$250Surgical Extraction\$150\$150'\$150'\$150'ORTHODONTIA TREATMENTEnverteent to \$180\$200\$250Pre-Orthodontia Treatment\$150'\$150'\$150'\$150'ORTHODONTIA TREATMENTEnverteent to \$100\$2,200\$2,400Pre-Orthodontia Treatment\$150'\$150'\$150'\$150'ORTHODONTIA TREATMENTEnverteent with your Office Visit Copay\$2,500Dental Lab FeesCovered with your Office Visit CopayEnv	General or Orthodontic Office Visit	\$15 per Visit	\$15 per Visit	\$20 per Visit	\$20 per Visit	
X-raysCovered with your Office Visit CopayTeeth CleaningCovered with your Office Visit CopayFluoride TreatmentCovered with your Office Visit CopaySealants (per Tooth)Covered with your Office Visit CopayHead and Neck Cancer ScreeningCovered with your Office Visit CopayOral Hygiene InstructionCovered with your Office Visit CopayPeriodontal Charting and EvaluationCovered with your Office Visit CopayRESTORATIVE DENTISTRYCovered with your Office Visit CopayFillingsCovered with the Office Visit CopayPorcelain-Metal Crown\$150\$200\$300\$450\$200\$400\$450Bridge (per Tooth)\$150\$200\$400\$4450Bridge (per Tooth)\$150\$200\$200\$400\$450Bridge (per Tooth)\$150\$200\$200\$30\$225Root Canal Therapy - Anterior/Bicuspid/ Molar\$75/\$100/\$120\$75/\$100/\$125\$75/\$100/\$125\$150\$200\$200\$250\$210\$250\$210\$150\$100\$125\$150\$150'\$150'\$150'\$150'\$150'\$150'\$150'\$150'\$150'\$150\$150'\$150\$150'\$150\$150'\$150\$150'\$150\$150'\$150\$150'\$150'\$150'\$150'	DIAGNOSTIC & PREVENTIVE SERVICES					
Teeth Cleaning     Covered with your Office Visit Copay       Fluoride Treatment     Covered with your Office Visit Copay       Sealants (per Tooth)     Covered with your Office Visit Copay       Head and Neck Cancer Screening     Covered with your Office Visit Copay       Oral Hygiene Instruction     Covered with your Office Visit Copay       Periodontal Charting and Evaluation     Covered with your Office Visit Copay       RESTORATIVE DENTISTRY     Covered with the Office Visit Copay     \$15     \$15     \$30       Porcelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS     V     V     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     V     V     \$150/\$200/\$25     \$75/\$100/\$125     \$150/\$200/\$250       Goat Canal Therapy - Anterior/Bicuspid/ Molar     \$150     \$200     \$250     \$250     \$250       Root Canal Therapy - Anterior/Bicuspid/     \$150     \$150'     \$150'     \$150'     \$150'       Surgical Extraction (Single Tooth)     \$150     \$150'     \$150'     \$150'     \$150' <td>Routine &amp; Emergency Exams</td> <td colspan="4">Covered with your Office Visit Copay</td>	Routine & Emergency Exams	Covered with your Office Visit Copay				
Fluoride TreatmentCovered with your Office Visit CopaySealants (per Tooth)Covered with your Office Visit CopayHead and Neck Cancer ScreeningCovered with your Office Visit CopayOral Hygiene InstructionCovered with your Office Visit CopayPeriodontal Charting and EvaluationCovered with your Office Visit CopayRESTORATIVE DENTISTRYCovered with your Office Visit CopayFillingsCovered with the Office Visit CopayPorcelain-Metal Crown\$150\$200\$300Procelain-Metal Crown\$150\$200\$200\$400\$450Bridge (per Tooth)\$150\$200\$300Bridge (per Tooth)\$150\$200\$200Salant Therapy - Anterior/Bicuspid/ Molar\$75/\$100/\$125\$75/\$100/\$125\$75/\$100/\$125Storeed with the Office Visit CopayORAL SURGERYRoutine Extraction (Single Tooth)\$150\$200\$200\$200\$200\$150' <td>X-rays</td> <td colspan="4">Covered with your Office Visit Copay</td>	X-rays	Covered with your Office Visit Copay				
Sealants (per Tooth)Covered with your Office Visit CopayHead and Neck Cancer ScreeningCovered with your Office Visit CopayOral Hygiene InstructionCovered with your Office Visit CopayPeriodontal Charting and EvaluationCovered with your Office Visit CopayRESTORATIVE DENTISTRYS15\$15\$30FillingsCovered with the Office Visit Copay\$325PROSTHODONTICSS200\$400\$450Complete Upper or Lower Denture\$200\$200\$300\$325ENDODONTICSS200\$300\$325ENDODONTICS & PERODONTICSS200\$200\$400\$450Sord Canal Therapy - Anterior/Bicuspid/ Molar\$75/\$100/\$120\$75/\$100/\$125\$75/\$100/\$125\$150/\$200/\$250Osseous Surgery (per Quadrant)\$150\$200\$250\$250\$250ORAL SURGERYFree-Orthoothal Treatment\$150'\$150'\$150'\$150'Surgical Extraction\$80\$100\$125\$175ORTHODONTIA TREATMENTFree-Orthoothal Treatment\$180'\$150'\$150'Comprehensive Orthoothal Treatment\$180'\$150'\$150'\$150'Course with your Office Visit CopayVisit CopayVisit CopayVisit CopayIntrous Oxide\$40\$125\$150'\$150'Covered with the Office Visit CopayS150'\$150'\$150'\$150'Cortonal Treatment\$180\$2,200\$2,400\$2,500MISCELLANEOUSCovered with the Office Visit Copay <t< td=""><td>Teeth Cleaning</td><td colspan="4">Covered with your Office Visit Copay</td></t<>	Teeth Cleaning	Covered with your Office Visit Copay				
Head and Neck Cancer ScreeningCovered with your Office Visit CopayOral Hygiene InstructionCovered with your Office Visit CopayPeriodontal Charting and EvaluationCovered with your Office Visit CopayRESTORATIVE DENTISTRYFillingsFillingsCovered with the Office Visit CopayPorcelain-Metal Crown\$150\$200\$300\$325PROSTHODONTICSComplete Upper or Lower Denture\$200\$200\$300Bridge (per Tooth)\$150\$200Stot Canal Therapy - Anterior/Bicuspid/ MolarOral Paning (per Quadrant)\$150\$200\$250\$250Root Planing (per Quadrant)\$50\$75Surgical Extraction\$80\$100\$150\$100ORAL SURGERYPre-Orthodontia Treatment\$150' <td>Fluoride Treatment</td> <td colspan="4">Covered with your Office Visit Copay</td>	Fluoride Treatment	Covered with your Office Visit Copay				
Oral Hygiene Instruction     Covered with your Office Visit Copay       Periodontal Charting and Evaluation     Covered with your Office Visit Copay       RESTORATIVE DENTISTRY     Covered with the Office Visit Copay       Fillings     Covered with the Office Visit Copay     \$15     \$30       Porcelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS     Covered with the Office Visit Copay     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS B     Covered with the Office Visit Copay     \$150     \$200     \$300     \$325       ENDODONTICS PERIODONTICS     Store Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS PERIODONTICS     Store Tooth)     \$150     \$150/\$200/\$250     \$250     \$250       Cost Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250     \$250       Oseous Surger (per Quadrant)     \$150     \$215     \$150     \$30       Surgical Extraction (Single Tooth)     Covered with the Office Visit Copay     \$150'     \$150'     \$150'	Sealants (per Tooth)	Covered with your Office Visit Copay				
Periodontal Charting and Evaluation     Covered with typu/ Office Visit Coppy       RESTORATIVE DENTISTRY     Covered with type     \$15     \$15     \$30       Procelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS     Complete Upper or Lower Denture     \$200     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDDONTICS     V     V     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDDONTICS & V     V     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDDONTICS & V     V     \$150     \$100     \$150     \$150     \$150     \$150     \$150     \$150     \$150     \$150     \$150     \$250     \$	Head and Neck Cancer Screening	Covered with your Office Visit Copay				
RESTORATIVE DENTISTRY       Fillings     Covered with the Office Visit Copay     \$15     \$15     \$30       Porcelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS       \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     \$150     \$200     \$300     \$325       Root Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$120     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY       \$150     \$150     \$150       Surgical Extraction (Single Tooth)     Covered with the Office Visit Copay     \$100     \$125     \$175       ORTHODONTIA TREATMENT       \$150'     \$150'     \$150'       Surgical Extraction     \$180     \$2,200     \$2,400     \$2,500       MISCELLANEOUS        \$150'	Oral Hygiene Instruction	Covered with your Office Visit Copay				
Fillings     Covered with the Office Visit Copay     \$15     \$15     \$30       Porcelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS       \$200     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS      \$200     \$300     \$325       ENDODONTICS & PERIODONTICS      \$200     \$300     \$325       Complete Upper or Lower Denture     \$200     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS      \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Root Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$210     \$250     \$250       Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$115     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$1175       ORTHODONTIA TREATMENT      \$150'     \$150'     \$150'       Pre	Periodontal Charting and Evaluation	Covered with your Office Visit Copay				
Fillings     Office Visit Copay     \$15     \$15     \$15     \$30       Porcelain-Metal Crown     \$150     \$200     \$300     \$325       PROSTHODONTICS      \$200     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$250       Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$15     \$15     \$100       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT     ************************************	RESTORATIVE DENTISTRY					
PROSTHODONTICS     International and the second state of the second st	Fillings		\$15	\$15	\$30	
Complete Upper or Lower Denture     \$200     \$200     \$400     \$450       Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     \$750     \$300     \$325       Root Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$120     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$250       Root Planing (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY      \$15     \$15     \$30       Surgical Extraction (Single Tooth)     Covered with the Office Visit Copay     \$150'     \$150'     \$150'       ORTHODONTIA TREATMENT      *     *     *     *       Pre-Orthodontia Treatment     \$150'     \$150'     \$150'     \$150'       MISCELLANEOUS       *     *     *       Local Anesthesia     Covered with your Office Visit Copay     *     *       Dental Lab Fees     Covered with your Office Visit Copay     *     *       Vut of Area Emergency C	Porcelain-Metal Crown	\$150	\$200	\$300	\$325	
Bridge (per Tooth)     \$150     \$200     \$300     \$325       ENDODONTICS & PERIODONTICS     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Root Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$2250       Root Planing (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY      Covered with the Office Visit Copay     \$115     \$15     \$15     \$30       Surgical Extraction (Single Tooth)     Covered with the Office Visit Copay     \$100     \$125     \$175       ORTHODONTIA TREATMENT     Pre-Orthodontia Treatment     \$150'     \$150'     \$150'       Comprehensive Orthodontia Treatment     \$1,800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS	PROSTHODONTICS					
ENDODONTICS & PERIODONTICS       Root Canal Therapy - Anterior/Bicuspid/ Molar     \$75/\$100/\$120     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$250       Root Planing (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY       \$15     \$15     \$30       Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$115     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT      Pre-Orthodontia Treatment     \$180     \$2,200     \$2,400     \$2,500       MISCELLANEOUS       Covered with your Office Visit Copay     \$100     \$2,500       Dental Lab Fees     Covered with your Office Visit Copay     \$40     \$200     \$240     \$200     \$240     \$250     \$200     \$240     \$250     \$30     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30,95     \$30	Complete Upper or Lower Denture	\$200	\$200	\$400	\$450	
Root Canal Therapy - Anterior/Bicuspid// Molar     \$75/\$100/\$125     \$75/\$100/\$125     \$150/\$200/\$250       Osseous Surgery (per Quadrant)     \$150     \$200     \$250     \$250       Root Planing (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY      \$15     \$15     \$30       Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$115     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT      \$150'     \$150'     \$150'       Pre-Orthodontia Treatment     \$1800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS       \$150'     \$150'       Local Anesthesia     Covered with your Office Visit Copay        Nitrous Oxide     \$40     \$30 per Visit        Specialty Office Visit     \$30 per Visit     \$30.95        Cout of Area Emergency Care Reimbursement     \$100     \$30.95     \$30.95     \$30.95     \$30.95     \$30.95     \$30.95     \$30.95     \$30.95 <t< td=""><td>Bridge (per Tooth)</td><td>\$150</td><td>\$200</td><td>\$300</td><td>\$325</td></t<>	Bridge (per Tooth)	\$150	\$200	\$300	\$325	
Molar     AV     AV 5/3/100/3/20     3/3/3/100/3/23     3/3/3/100	ENDODONTICS & PERIODONTICS					
Root Planing (per Quadrant)     \$50     \$75     \$85     \$100       ORAL SURGERY     Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$15     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT      *     *     *       Pre-Orthodontia Treatment     \$150'     \$150'     \$150'     \$150'       MISCELLANEOUS      *     *     *     *       Local Anesthesia     Covered with your Office Visit Copay     *     *     *       Nitrous Oxide     *     \$40     *     *     *       Specialty Office Visit     *     \$100     *     *     *       Out of Area Emergency Care Reimbursement     *     \$100     *     *       2024 PREMIUM RATES     *     \$100     *     \$33.9.95     *       Employee     \$67.85     \$62.60     \$53.30     \$39.95     *     *       Employee & Child     \$132.35     \$122.30     \$106.85     \$76.98		\$75/\$100/\$120	\$75/\$100/\$125	\$75/\$100/\$125	\$150/\$200/\$250	
ORAL SURGERY     Covered with the Office Visit Copay     \$15     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT     ************************************	Osseous Surgery (per Quadrant)	\$150	\$200	\$250	\$250	
Routine Extraction (Single Tooth)     Covered with the Office Visit Copay     \$15     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT      \$150'     \$150'     \$150'       Pre-Orthodontia Treatment     \$150'     \$150'     \$150'     \$150'       Comprehensive Orthodontia Treatment     \$1,800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS       Covered with your Office Visit Copay     \$100       Dental Lab Fees     Covered with your Office Visit Copay     \$40     \$30 per Visit     \$100       Specialty Office Visit     \$30 per Visit     \$100     \$100     \$100     \$100       2024 PREMIUM RATES     \$100	Root Planing (per Quadrant)	\$50	\$75	\$85	\$100	
Roduline Extraction (Single rootin)     Office Visit Copay     \$15     \$15     \$30       Surgical Extraction     \$80     \$100     \$125     \$175       ORTHODONTIA TREATMENT      \$150'     \$150'     \$150'       Pre-Orthodontia Treatment     \$150'     \$150'     \$150'     \$150'       Comprehensive Orthodontia Treatment     \$1800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS	ORAL SURGERY					
ORTHODONTIA TREATMENT       Pre-Orthodontia Treatment     \$150'     \$150'     \$150'       Comprehensive Orthodontia Treatment     \$1,800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS             Local Anesthesia     Covered with your Office Visit Copay <t< td=""><td>Routine Extraction (Single Tooth)</td><td></td><td>\$15</td><td>\$15</td><td>\$30</td></t<>	Routine Extraction (Single Tooth)		\$15	\$15	\$30	
Pre-Orthodontia Treatment     \$150'     \$150'     \$150'     \$150'       Comprehensive Orthodontia Treatment     \$1,800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS	Surgical Extraction	\$80	\$100	\$125	\$175	
Comprehensive Orthodontia Treatment     \$1,800     \$2,200     \$2,400     \$2,500       MISCELLANEOUS     Local Anesthesia     Covered with your Office Visit Copay     Dental Lab Fees     Covered with your Office Visit Copay       Dental Lab Fees     Covered with your Office Visit Copay          Nitrous Oxide     \$40     \$40         Specialty Office Visit     \$30 per Visit         Out of Area Emergency Care Reimbursement     \$100         2024 PREMIUM RATES           Employee     \$67.85     \$62.60     \$53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	ORTHODONTIA TREATMENT					
MISCELLANEOUSLocal AnesthesiaCovered with your Office Visit CopayDental Lab FeesCovered with your Office Visit CopayNitrous Oxide\$40Specialty Office Visit\$30 per VisitOut of Area Emergency Care Reimbursement\$1002024 PREMIUM RATES\$67.85Employee\$67.85Employee & Spouse\$135.80\$125.60\$106.85Employee & Child\$132.35Employee & Child\$132.35Employee & Child\$162.95\$150.40\$128.20\$86.91	Pre-Orthodontia Treatment	\$150 <sup>*</sup>	\$150 <sup>*</sup>	\$150 <sup>*</sup>	\$150 <sup>*</sup>	
Local AnesthesiaCovered with your Office Visit CopayDental Lab FeesCovered with your Office Visit CopayNitrous Oxide\$40Specialty Office Visit\$30 per VisitOut of Area Emergency Care Reimbursement\$1002024 PREMIUM RATESEmployee\$67.85Employee & Spouse\$135.80\$125.60\$106.85Employee & Child\$132.35Employee & Child\$162.95\$150.40\$128.20\$86.91	Comprehensive Orthodontia Treatment	\$1,800	\$2,200	\$2,400	\$2,500	
Dental Lab FeesCovered with your Office Visit CopayNitrous Oxide\$40Specialty Office Visit\$30 per VisitOut of Area Emergency Care Reimbursement\$1002024 PREMIUM RATESEmployee\$67.85Émployee & Spouse\$135.80\$125.60\$106.85Employee & Child\$132.35Employee & Child\$162.95\$150.40\$128.20\$86.91	MISCELLANEOUS					
Nitrous Oxide     \$40       Specialty Office Visit     \$30 per Visit       Out of Area Emergency Care Reimbursement     \$100       2024 PREMIUM RATES     \$100       Employee     \$67.85     \$62.60     \$53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	Local Anesthesia	Covered with your Office Visit Copay				
Specialty Office Visit     \$30 per Visit       Out of Area Emergency Care Reimbursement     \$100       2024 PREMIUM RATES     \$100       Employee     \$67.85     \$62.60     \$53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	Dental Lab Fees	Covered with your Office Visit Copay				
Out of Area Emergency Care Reimbursement     \$100       2024 PREMIUM RATES     Employee     \$67.85     \$62.60     \$53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	Nitrous Oxide	\$40				
Out of Area Emergency Care Reimbursement     \$100       2024 PREMIUM RATES     53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	Specialty Office Visit	\$30 per Visit				
2024 PREMIUM RATES       Employee     \$67.85     \$62.60     \$53.30     \$39.95       Employee & Spouse     \$135.80     \$125.60     \$106.85     \$76.98       Employee & Child     \$132.35     \$122.30     \$105.05     \$76.11       Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91	Out of Area Emergency Care Reimbursement	· · · · · · · · · · · · · · · · · · ·				
Employee\$67.85\$62.60\$53.30\$39.95Employee & Spouse\$135.80\$125.60\$106.85\$76.98Employee & Child\$132.35\$122.30\$105.05\$76.11Employee & Children\$162.95\$150.40\$128.20\$86.91						
Employee & Spouse\$135.80\$125.60\$106.85\$76.98Employee & Child\$132.35\$122.30\$105.05\$76.11Employee & Children\$162.95\$150.40\$128.20\$86.91		\$67.85	\$62.60	\$53.30	\$39.95	
Employee & Child\$132.35\$122.30\$105.05\$76.11Employee & Children\$162.95\$150.40\$128.20\$86.91						
Employee & Children     \$162.95     \$150.40     \$128.20     \$86.91						

<sup>\*</sup>Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

Underwritten by Willamette Dental of Idaho, Inc.

Idaho small groups (5-50 eligible employees) are required to have a minimum of 5 enrollees regardless of group size. Presented are most common procedures covered by the plan. The certificate of coverage will contain a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124 015S-ID(1/24)

## **EXCLUSIONS** AND | IMITATIONS



This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

## Exclusions

- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days • Replacement of sound restorations. after termination of coverage.
- The completion or delivery of treatments or services, initiated prior to the effective date of coverage.
- · Dental implants, including attachment devices and maintenance.
- Endodontic services, prosthetic services, and implants that were provided prior to the effective date of coverage.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Exams or consultations needed solely in connection with a service that is not covered.
- Experimental or investigational services and related exams or consultations.
- · Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- General anesthesia, moderate sedation and deep sedation.
- Hospital care or other care outside of a dental office for dental procedures, physician services, or facility fees.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.

- Replacement of lost, missing, or stolen dental appliances. Replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- · Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- · Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- · Services for the diagnosis or treatment of temporomandibular joint disorders.
- · Services for the treatment of an occupational injury or disease, including an injury or disease arising out of selfemployment or for which benefits are available under workers' compensation or similar law.
- Services for the treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- · Services for the treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- · Services not included in the contract as covered
- · Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

## Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital anomalies will be covered for dependent children if dental necessity has been established.
- · Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copayments.
- The services provided by a dentist in a hospital must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.