University of Idaho

Dental Plans At-a-Glance

The chart below summarizes what you will pay for in-network dental care. If you elect Delta Dental Standard or Delta Dental Plus and receive services from non-network dentists, the plan pays your full requested reimbursement or Delta Dental's non-network dentist fee, whichever is less. Willamette Dental does not pay benefits if you see non-network providers.

DELTA DENTAL	DELTA DENTAL STANDARD	DELTA DENTAL PLUS
ANNUAL DEDUCTIBLE/ANNUAL MAXIMUM		
Individual	$25	$50
Family	$75	$150
Annual maximum benefit per person, excluding orthodontia	$1,000	$1,500
CLASS I BENEFITS		
• **Preventive care** • **Diagnostic care** • **X-rays**	Plan pays 100%	
CLASS II BENEFITS		
• **Oral surgery** • **Endodontic care** • **Periodontic care, including perio cleaning** • **Minor restorative services**	25% of maximum allowance after deductible	20% of maximum allowance after deductible
CLASS III BENEFITS		
• **Major restorative services** • **Prosthodontics**	55% of maximum allowance after deductible	45% of maximum allowance after deductible
CLASS IV BENEFITS		
Adult, child orthodontia (Covered services only include those started when coverage under the plan begins)	N/A	50% up to lifetime maximum benefit of $1,500 per person

WILLAMETTE DENTAL	
ANNUAL DEDUCTIBLE/ANNUAL MAXIMUM	
Annual Deductible	$0
General and Orthodontic Office Visit	$20 copay
Annual Maximum	None
DIAGNOSITC AND PREVENTATIVE SERVICES	
• **Routine and emergency exams** • **Head and neck cancer screening** • **X-rays** • **Teeth Cleaning** • **Fluoride treatment** • **Sealants (per tooth)** • **Oral Hygiene Instruction** • **Periodontal charting** • **Periodontal evaluation**	Covered with office visit copay
RESTORATIVE DENTISTRY	
Fillings	Covered with office visit copay
Porcelain-Metal Crown	$200 copay
PROSTHODONTICS	
Root Canal Therapy	$75 - $150 copay
Osseous Surgery (Per Quadrant)	$150 copay
Root Planing (Per Quadrant)	$60 copay

	ORAL SURGERY	
	Routine Extraction (Single Tooth)	Covered with Office Visit copay
	Surgical Extraction	$75 copay
	ORTHODONTIA TREATMENT	
	Pre-orthodontia Treatment	$150 copay; copay credited toward comprehensive orthodontia treatment
	Comprehensive Orthodontia Treatment	$1,500 copay
	RESTORATIVE DENTISTRY	
	Fillings	Covered with office visit copay
	Porcelain-Metal Crown	$200
	MISCELLANEOUS	
	Local Anesthesia	Covered with office visit copay
	Dental Lab Fees	Covered with office visit copay
	Nitrous Oxide	$40 copay
	Specialty Office Visit	$30 copay
	Out of Area Emergency Care Reimbursement	You pay charges in excess of $100

2019 Full-time Employees' Per Pay Contributions for Dental Coverage

COVERAGE LEVEL	DELTA DENTAL STANDARD	DELTA DENTAL PLUS	WILLAMETTE DENTAL
Employee only	$0.00	$3.72	$2.41
Employee + spouse or other eligible adult	$0.00	$8.31	$4.27
Employee + child	$0.00	$7.43	$4.48
Employee + children	$0.00	$14.12	$8.60
Employee + family (spouse or other eligible adult + children)	$0.00	$15.01	$9.31