

Benefits for 2017 - 2018

Dental Coverage



Summary of Coverage

Delta Dental of Idaho	
IN NETWORK	
Annual Deductible (Individual / Family)	\$0 / \$0
Preventive Care	70-100%
Basic Procedures (Extractions, fillings, etc.)	70-100%
Major Procedures (Crowns, dentures, etc.)	50%
Orthodontia	Not Covered
Calendar Year Maximum Benefit	\$1,000