

Dental Blue Connect Plan for Idaho School Benefit Trust

Benefit Highlight Sheet 10022336 Troy School District 287 Effective: 09/01/2025	Dental Blue Connect Plan 2 for Idaho School Benefit Trust
	Contracting Providers*
	Supported by Willamette Dental Group
	What You Pay
Individual Deductible	No Deductible
Annual Maximum	No Annual Maximum
General Office Visit	\$20 Copayment
Diagnostic and Preventive Services	
Routine and Emergency Exams	No charge after applicable Office Visit Copayment
All X-rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Head and Neck Cancer Screening	
Oral Hygiene Instruction	
Periodontal Charting	
Periodontal Evaluation	
Restorative Dentistry	
Fillings	\$20 Copayment
Porcelain-Metal Crown	\$250 Copayment
Prosthodontics	
Complete Upper or Lower Denture	\$300 Copayment
Bridge (per Tooth)	\$250 Copayment
Endodontics and Periodontics	
Root Canal Therapy — Anterior	\$100 Copayment
Root Canal Therapy — Bicuspid	\$150 Copayment
Root Canal Therapy — Molar	\$175 Copayment
Osseous Surgery (per Quadrant)	\$150 Copayment
Root Planing (per Quadrant)	\$75 Copayment
Oral Surgery	
Routine Extraction (Single Tooth)	\$20 Copayment
Surgical Extraction	\$100 Copayment
Orthodontic Services	
Pre-Orthodontic Service (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)	\$150 Copayment
Comprehensive Orthodontic Service	\$2,000 Copayment
Miscellaneous	
Local Anesthesia	No charge after applicable Office Visit Copayment
Dental Lab Fees	
Nitrous Oxide	\$20 Copayment
Specialty Office Visit	\$30 Copayment
Implants	No charge up to \$1,500

Supported by Willamette Dental Group – 1.855.4DENTAL (1-855-433-6825)

This information is for comparison purposes only and not a complete description of benefits. All descriptions of coverage are subject to the provisions of the corresponding plan, which contains all the terms and conditions of coverage and exclusions and limitations. Certain services not specifically noted may be excluded. Please refer to the plan issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding plan, the plan will control.