

Summary of Benefits: Twin Falls County Effective Date: October 1, 2023	Dental Blue Connect
	Contracting Providers* Supported by Willamette Dental Group
Individual Deductible	No Deductible
Annual Maximum	No Annual Maximum
General Office Visit	You pay a \$20 copayment per visit
Diagnostic and Preventive Services	What you pay
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	What you pay
Filings	\$20 copayment
Porcelain-Metal Crown	\$200 copayment
Prosthodontics	What you pay
Complete Upper or Lower Denture	\$250 copayment
Bridge (per Tooth)	\$200 copayment
Endodontics and Periodontics	What you pay
Root Canal Therapy — Anterior	\$75 copayment
Root Canal Therapy — Bicuspid	\$100 copayment
Root Canal Therapy — Molar	\$150 copayment
Osseous Surgery (per Quadrant)	\$150 copayment
Root Planing (per Quadrant)	\$65 copayment
Oral Surgery	What you pay
Routine Extraction (Single Tooth)	\$15 copayment
Surgical Extraction	\$100 copayment
Orthodontic Services	What you pay
Pre-Orthodontic Service	\$150 copayment
Comprehensive Orthodontic Service	\$2,000 copayment
Miscellaneous	What you pay
Local Anesthesia	No charge after applicable Office Visit copayment
Dental Lab Fees	
Nitrous Oxide	\$40 copayment
Specialty Office Visit	\$30 copayment
Emergency Office Visit	\$15 copayment
Implant Surgery	No charge up to \$1,500
Out of Area Emergency Care Reimbursement up to \$100	

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 contract, which contains all the terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the contract issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding contract, the contract will control. This comparison is subject to annual update and may not reflect the information contained in the corresponding contract.