Blue Cross of Idaho

2027 Individual Dental Plans

Effective January, 1, 2027 – December, 31, 2027





DENTAL BLUE CONNECT INDIVIDUAL PLAN

Age of applicant or dependent	DENTAL BLUE CONNECT INDIVIDUAL Effective Date and Monthly Rate
	01/01/2027
0-25	$48.18
26-34	$53.06
35-44	$59.53
45-54	$68.94
55+	$81.35

Note: Dental Blue Connect Individual premiums are calculated on a per-person basis.

ACA DENTAL PLANS

Age of applicant or dependent	DENTAL CHOICE CORE Effective Date and Monthly Rate	DENTAL CHOICE Effective Date and Monthly Rate	DENTAL CHOICE PLUS Effective Date and Monthly Rate
	01/01/2027	01/01/2027	01/01/2027
0-18	$36.62	$36.62	$45.59
19-24	$18.85	$31.17	$41.76
25-29	$19.61	$32.42	$43.43
30-34	$19.63	$32.44	$43.47
35-39	$20.10	$33.23	$44.52
40-44	$21.13	$34.94	$46.81
45-49	$22.47	$37.15	$49.77
50-54	$23.74	$39.25	$52.58
55-59	$24.26	$40.10	$53.73
60+	$24.85	$41.07	$55.03

Note: ACA premiums for coverage of more than one individual must be determined by adding the premiums for each individual covered, with a maximum of three premiums for covered children under age 21.

HEALTHY SMILES PLANS

Age of applicant or dependent	HEALTHY SMILES COPAY Effective Date and Monthly Rate	HEALTHY SMILES PREVENTIVE Effective Date and Monthly Rate	HEALTHY SMILES PLUS Effective Date and Monthly Rate	HEALTHY SMILES PREFERRED Effective Date and Monthly Rate	HEALTHY SMILES ELITE Effective Date and Monthly Rate
	01/01/2027	01/01/2027	01/01/2027	01/01/2027	01/01/2027
0-17	$46.45	$23.54	$32.32	$38.07	$53.78
18-24	$42.58	$18.45	$30.66	$34.90	$49.33
25-29	$45.24	$19.33	$30.89	$37.10	$52.44
30-34	$48.29	$20.35	$30.89	$39.61	$55.97
35-39	$48.30	$21.05	$30.99	$39.64	$56.01
40-44	$48.68	$21.68	$31.35	$39.97	$56.49
45-49	$51.72	$22.45	$32.64	$42.50	$60.07
50-54	$55.20	$23.39	$33.89	$45.39	$64.13
55-59	$57.58	$23.52	$34.07	$47.35	$66.92
60-64	$61.38	$23.95	$34.43	$50.50	$71.36
65+	$64.72	$24.42	$34.82	$53.25	$75.27

Note: Healthy Smiles premiums are calculated on a per-person basis.

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Form No. 15-2420 (04-26)