

Premier Plus/Premier Maximum* Plans

Benefits & Rates

Eligible Students Ages 18 – 64, Spouse Any Age, Children Ages
Newborn – 25.

Preventative Care Services

Covered 100% - Day One

- Routine Exams & Cleanings

Basic Services - After Annual Deductible

Covered 50% - Day One

*Covered 50% - 4 month waiting period. **

Covered 65% - Year Two

Covered 80% - Year Three

- Simple Fillings & Extractions

Major Services - After Annual Deductible

Covered 10% - Day One

*Covered 50% - 12 month waiting period. **

Covered 40% / 60%* - Year Two

Covered 50% - Year Three

- Crowns, Root Canals, Oral Surgery & Bridges

Coverage Amount – Per Calander Year (Jan – Dec)

\$2,000 / \$3,000* - Annual Maximum

Annual Deductible – Per Calander Year (Jan – Dec)

\$50 per person (Family maximum \$150)

Combined Basic & Major Services

**Includes 3 Deductibles per service type*

Combined Basic & Major Services

Premier Plus Added Orthodontic Services

Additional \$150 Lifetime Deductible – Under 19 Only:

*Policy pays 50% (12 months waiting period and
Deductible) \$1,000 Lifetime Max*

Estimated Premiums Per Month for Moscow, Idaho

Premier Plus/Premier Maximum Dental Plan Rates

Student - \$56.98 per month

Student & Family - \$205.12 per month

Rates may vary depending on Location.

Vision Plans A & B*

Benefits & Rates

Eligible Students Ages 18 – 64, Spouse Any Age, Children Ages
Newborn – 25.

Eye Exam – 1 every 12 months

In Network – Covered 100%

Out-of-Network – Covered up to \$50.

Eyeglass Frames – 1 every 12 months

In Network – Covered up to \$150.

Out-of-Network – Covered up to \$75.

Eyeglass Lenses – 1 pair every 12 months

In Network – Covered 100%

Out-of-Network – Covered up to \$40 Single, \$60

Bifocal & \$80 Trifocal/Lenticular.

Contacts – 1 every 12 months

Plan A (Instead of Glasses) Plan B* (Included)

In Network – Select List Covered 100%, Non-Select List
up to \$125 / \$150*

Out-of-Network – Covered up to \$105.

Estimated Premiums Per Month for Moscow, Idaho

Vision Plan Rates

Plan A –

Student - \$11.40 per month

Student & Family – \$25.80 per month

Plan B –

Student - \$15.70 per month

Student & Family - \$35.50 per month

Rates may vary depending on Location.

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University
of Idaho

Voluntary Dental & Vision Insurance Benefits & Rates

Plan Year 2023-2024

Student & Dependent Coverage

Student Health Insurance Program

Business Office

208-885-2210

health@uidaho.edu

Primary/Primary Plus Dental Plans

Benefits & Rates

Eligible Students Ages 18 – 64, Spouse Any Age, Children Ages Newborn – 25.

Preventative Care Services

Covered 100% - Day One

- Routine Exams & Cleanings

Basic Services - After Annual Deductible

Covered 50% - Day One

Covered 65% - Year Two

Covered 80% - Year Three

- Simple Fillings & Extractions

Major Services

Not Covered

- Crowns, Root Canals, Oral Surgery & Bridges

Coverage Amount – Per Calander Year (Jan – Dec)

\$1,000 - Annual Maximum

Annual Deductible – Per Calander Year (Jan – Dec)

\$50 per person (Family maximum \$150)

Estimated Premiums Per Month for Moscow, Idaho

Primary/Primary Plus Dental Plan Rates

Student - \$31.83 per month

Student & Family - \$114.60 per month

Rates may vary depending on Location.

Preferred/Preferred Plus* Dental Plans

Benefits & Rates

Eligible Students Ages 18 – 64, Spouse Any Age, Children Ages Newborn – 25.

Preventative Care Services

Covered 100% - Day One

- Routine Exams & Cleanings

Basic Services - After Annual Deductible

Covered 35% - Day One

Covered 65% - Year Two

Covered 80% - Year Three

- Simple Fillings & Extractions

Major Services - After Annual Deductible

Covered 15% - 6 month waiting period.

Covered 50% - Year Two

Covered 60% - Year Three

- Crowns, Root Canals, Oral Surgery & Bridges

Coverage Amount – Per Calander Year (Jan – Dec)

\$1,000 - Annual Maximum

Annual Deductible – Per Calander Year (Jan – Dec)

\$50 per person (Family maximum \$150

Combined Basic & Major Services

**Includes 3 Deductibles per service type*

Combined Basic & Major Services

Estimated Premiums Per Month for Moscow, Idaho

Preferred/Preferred Plus Dental Plan Rates

Student - \$47.76 per month

Student & Family - \$171.92 per month

Rates may vary depending on Location.

Premier Choice/Premier Elite* Dental Plans

Benefits & Rates

Eligible Students Ages 18 – 64, Spouse Any Age, Children Ages Newborn – 25.

Preventative Care Services

Covered 100% - Day One

- Routine Exams & Cleanings

Basic Services - After Annual Deductible

Covered 35% - Day One

Covered 65% - Year Two

Covered 80% - Year Three

- Simple Fillings & Extractions

Major Services - After Annual Deductible

Covered 10% Day One -15%* 6 month waiting period.

Covered 40% / 50%* - Year Two

Covered 50% / 60%* - Year Three

- Crowns, Root Canals, Oral Surgery & Bridges

Coverage Amount – Per Calander Year (Jan – Dec)

\$1,500 / \$2,000* - Annual Maximum

Annual Deductible – Per Calander Year (Jan – Dec)

\$50 per person (Family maximum \$150)

Combined Basic & Major Services

Estimated Premiums Per Month for Moscow, Idaho

Premier Choice/Premier Elite Dental Plan Rates

Student - \$56.98 per month

Student & Family - \$205.12 per month

Rates may vary depending on Location.