

Benefit Highlight Sheet Basin School District 72 Effective Date: September 1, 2020

Voluntary Dental for Idaho School Benefit Trust

Individual/Family Deductible (The Family Deductible is satisfied after three (3) Participants of the same family have met their Individual Deductible.) (Deductible applies to In-Network basic and major services and all Out-of-Network services.)	In-Network	Out-of-Network
	\$50/3 Family Maximum	\$75/3 Family Maximum
Copayment	\$20	Not Applicable
Annual Individual Maximum Benefit	\$1,250	
Preventive Services	What you pay	
Oral Examinations One (1) examination every six (6) months.	Copayment	
Complete Mouth Series or Panoramic X-Ray Limited to one (1) time in any five (5) consecutive Benefit Periods.		
Bitewing X-Rays Limited to once per Benefit Period.		
Dental Prophylaxis Limited to one (1) prophylaxis every six (6) months (Regardless of type)		
Fluoride Treatments Limited to one (1) application per benefit period and limited to participant's who are under age twenty-six (26).		
Basic Services 6 month waiting period applies	What you pay	
Sealants Limited to permanent posterior unrestored dentition of participant's under age sixteen (16). Also limited to one (1) time per tooth in any three (3) consecutive Benefit Periods.	20% of the allowed amount	By choosing an Out-of-Network provider 50% of the allowed amount*
Filings Same tooth surface restoration is covered once in a two (2) year period.		
Extractions		
Major Services Preauthorization required on all major services, 12 month waiting period applies	What you pay	
General Anesthesia/I.V. Sedation	50% of the allowed amount	
Root Canal Therapy		
Scaling and Root Planing Limited to once per quadrant of the mouth, every three (3) Benefit Periods.		
Periodontal Maintenance Limited to once in a six (6) month period. (Regardless of type)		
Inlays, Onlays, Crowns, Dentures, Bridges, and Veneers Limited to every five (5) years.		
Major Services Preauthorization required on all major services, 12 month waiting period applies	What you pay	
Dental Implants Including the implant body, implant abutment and implant crown – benefits may be available up to the Maximum Allowance of a standard complete or partial denture, or bridge. Implant body and abutment-limited to once per tooth per lifetime. Implant crown –five (5) year replacement.	50% of the allowed amount	By choosing an Out-of-Network provider 60%of the allowed amount

***By choosing an Out-of-Network provider you pay your cost sharing, deductible, and any difference between what Blue Cross of Idaho allows and what the Out-of-Network provider charges.**

The information in this Highlight Sheet is for informational and comparison purposes only. It is not a complete summary or description of benefits Coverage is subject to the provisions of the corresponding Plan Documents and Summary Plan Description, which contains the detailed terms and conditions of coverage. Certain services not specifically noted may be excluded. Please refer to the Plan Document and Summary Plan Description issued for a more complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference or conflict between this Highlight Sheet and its corresponding Plan Documents and Summary Plan Description, the Plan Documents and Summary Plan Description will control. This Highlight Sheet is subject to annual update.