

**ELIGIBILITY AND ENROLLMENT**

To qualify as an Eligible Employee under this Summary Plan Description, a person must be and remain a full-time employee of a Participating School District who regularly works at least 30 hours per week and is paid on a regular, periodic basis through the school district's payroll system. Pre-65 retirees may also be eligible.  
*(see the Summary Plan Description for additional Eligibility and Enrollment provisions)*

**PROBATIONARY PERIOD**

The Participating School District will determine if there are certain probationary periods that must be satisfied before a new Eligible Employee can qualify for coverage under this Summary Plan Description.

**DENTAL PLAN BENEFITS SECTION – PPO  
 BENEFITS OUTLINE**

PPO 1

Visit our Website at [www.bcidaho.com](http://www.bcidaho.com) to locate a Contracting Provider

Deductible (Per Benefit Period) <i>(Deductible applies to In-Network basic and major services and all Out-of-Network services.)</i>	In-Network	Out-of-Network
	The Participant is responsible to pay these amounts:	
<b>Individual</b>	\$50	
<b>Family</b> <i>(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)</i>	The Benefit Period Family Deductible is satisfied after three (3) Participants of the same family have met their Individual Deductible	
<b>Benefit Period Limit</b>	\$1,250 per Participant	
<b>Preventive Dental Services</b> (No Waiting Period)	No Charge	20% of Maximum Allowance after Deductible
<b>Basic Dental Services</b>	20% of Maximum Allowance after Deductible	30% of Maximum Allowance after Deductible
<b>Major Dental Services</b>	50% of Maximum Allowance after Deductible	60% of Maximum Allowance after Deductible