



Preferred Blue® Dental PPO

Benefit Highlight Sheet Troy School District 287 and Effective: 09/01/2023

**PREFERRED BLUE® DENTAL PPO PLAN FOR IDAHO SCHOOL BENEFIT TRUST
BENEFITS OUTLINE**

Visit our Web site at www.bcidaho.com to locate a Contracting Provider

Deductibles (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:	
Individual	\$50	
Family <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	
Benefit Period Limit	\$1,250 per Participant	
Preventive Dental Services No Waiting Period	No Charge - Deductible does not apply	20% of Maximum Allowance after Deductible
Basic Dental Services No Waiting Period	20% of Maximum Allowance after Deductible	30% of Maximum Allowance after Deductible
Major Dental Services No Waiting Period	50% of Maximum Allowance after Deductible	60% of Maximum Allowance after Deductible
Orthodontic Lifetime Limit Ortho Not Covered		
Orthodontic Services Ortho Not Covered	Ortho Not Covered	

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