Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Preferred Blue® Dental PPO

Benefit Highlight Sheet 10022336 Troy School District 287 Effective: 09/01/2025		
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) *(Deductible applies to In-Network basic and major services and all Out-of-Network services.)* **Individual**	**In-Network** **The Participant is responsible to pay these amounts:** **$50**	**Out-of-Network**
Family *(No Participant may contribute more than the Individual Deductible amount toward the Family Deductible)*	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**	Ortho Not Covered	
Orthodontic Services (No Waiting Period) **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.