

State of Idaho Dental Plan

Summary of Dental Benefits- Effective July 1, 2009			
Deductible per Enrollee per Benefit Period	\$25		
Benefit Period Maximum per Enrollee (July 1 through June 30)	\$1,000		
Orthodontia Lifetime Maximum for Eligible Dependent Children to age 19 <i>(treatment must begin prior to age 17)</i>	\$1,000		
Orthodontia Waiting Period	New Enrollees: 12 months		
Additional Waiting Periods	New Enrollees: 12 months for Crowns, Bridges, Dentures and Dental Implants		
Covered Dental Services <i>This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Policy apply to this program.</i>	Blue Cross of Idaho PPO Provider	Blue Cross of Idaho Traditional Provider	Out- of-Network Provider
	You pay only coinsurance amounts for allowed charges	You pay your deductible and coinsurance amounts for allowed charges	By choosing an Out- of-Network provider you pay your deductible, coinsurance, and are responsible for the difference between what Blue Cross allows and what the Out-of-Network provider charges
Preventive and Diagnostic Dental Services			
Oral Exams Once every 6 months	You pay 20% of the allowed amount (no deductible)	You pay 30% of the allowed amount after deductible	You pay 30% of the allowed amount after deductible and the difference between what Blue Cross allows and what the Out-of-Network provider charges
Fluoride Once every 12 months for dependent children under age 20			
X-rays, Bitewings Once every 12 months			
X-rays, Complete Mouth Series or Panoramic x-ray Once in any five (5) consecutive years			
Prophylaxis (Cleaning) or Periodontal Maintenance Once every 6 months			
Other Dental Services			
Sealants One time per tooth in a three (3) year period. Limited to permanent posterior unrestored dentition of dependent children under age 16	You pay 20% of the allowed amount after deductible	You pay 30% of the allowed amount after deductible	You pay 30% of the allowed amount after deductible and the difference between what Blue Cross allows and what the Out-of-Network provider charges
Fillings Same tooth surface restoration once every 24 months			
Occlusal Guards One appliance every two benefit periods			
Basic Dental Services			
Root Canals	You pay 20% of the allowed amount after deductible	You pay 50% of the allowed amount after deductible	You pay 50% of the allowed amount after deductible and the difference between what Blue Cross allows and what the Out-of-Network provider charges
Extractions			
Periodontics <i>(except periodontal maintenance/ full mouth debridement- see above)</i>			
Scaling and Root Planing Once per quadrant of the mouth every three (3) years			
Osseous Surgery Once per quadrant of the mouth every three (3) years			
Anesthesia (for covered oral surgery)			
Major Dental Services: Predetermination is recommended and a 12-month waiting period for new Enrollees applies to the services listed below.			
Crowns, Bridges, Dentures (seven year replacement)	You pay 50% of the allowed amount after deductible	You pay 50% of the allowed amount after deductible	You pay 50% of the allowed amount after deductible and the difference between what Blue Cross allows and what the Out-of-Network provider charges
Dental Implants	\$900 per tooth maximum lifetime benefit (including crown) payable at 50% of the allowed amount after deductible		
Orthodontia: 12-month waiting period for new Enrollees			
Orthodontia Dependent Children to age 19 <i>(treatment must begin prior to age 17)</i>	\$1000 lifetime benefit payable at 50% of the allowed amount		

Exclusions and Limitations

In addition to any other exclusions and limitations of this Policy, the exclusions and limitations listed below apply to this particular section and throughout the entire Policy, unless otherwise specified. No benefits are available under this Policy for the following:

- Procedures that are not included in the Closed List of Dental Covered Services; or that are not Medically Necessary for the care of an Insured's covered dental condition; or that do not have uniform professional endorsement; or that are Investigative in nature.
- Charges for services that were started prior to the Insured's Effective Date. The following guidelines are used to determine the date when a service is deemed to have been started:
 - For full dentures or partial dentures: the date the final impression is taken.
 - For fixed bridges, crowns, inlays or onlays: the date the teeth are first prepared.
 - For root canal therapy: the later of the date the pulp chamber is opened or the date canals are explored to the apex.
 - For periodontal Surgery: the date the Surgery is actually performed.
 - For all other services: the date the service is performed.
 - For orthodontic services, if benefits are available under this Policy: the date any bands or other appliances are first inserted.
- Cast restorations (crowns, inlays or onlays) for teeth that are restorable by other means (i.e., by amalgam or composite fillings).
- Replacement of an existing crown, inlay or onlay that was installed within the preceding seven (7) years or replacement of an existing crown, inlay or onlay that can be repaired.
- Appliances, restorations, or other services provided or performed solely to change, maintain, or restore vertical dimension or occlusion.
- A service for cosmetic purposes, unless necessitated as a result of Accidental Injuries received while the Insured was covered by BCI.
- Services or supplies required to correct a Congenital Anomaly or developmental malformation unless the Insured is a dependent child.
- A partial or full removable denture or fixed bridgework, or the addition of teeth thereto, if involving a replacement or modification of a denture or bridgework that was installed during the preceding seven (7) years.
- Orthodontic services and supplies unless otherwise specifically listed in the Closed List of Dental Covered Services.
- Replacement of lost or stolen appliances.
- Any jaw implant procedure, including but not limited to, endosseous, staple, or blade implants; and any synthetic grafting or ridge augmentation procedure such as, but not limited to, hydroxyapatite. Benefits may be available up to the amount allowable for the alternative method of treatment, which is bridgework. Such claims will be reviewed by a dental consultant for determination of necessity.
- Any procedure, service, or supply other than alveoplasty or alveolectomy required to prepare the alveolus, maxilla, or mandible for a prosthetic appliance. Excluded services, include but are not limited to, vestibuloplasty, stomatoplasty, and bone grafts (either synthetic or autogenous) to the alveolars, maxilla, or mandible.
- Any procedure, service, or supply required directly or indirectly to treat a muscular, neural, orthopedic or skeletal disorder, dysfunction or Disease of the temporomandibular joint (jaw hinge) and its associated structures, including but not limited to, myofascial pain dysfunction syndrome.
- Orthognathic Surgery, including but not limited to, osteotomy, ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- Temporary dental services. Charges for temporary services are considered an integral part of the final dental services and are not separately payable.
- Any service, procedure, or supply for which the prognosis for success is not reasonably favorable as determined by BCI.
- Myofunctional therapy; biofeedback procedures; athletic mouth guards; precision or semi-precision attachments; denture duplication; oral hygiene instruction; treatment of jaw fractures; charges for acid etching; or charges for oral cancer screenings which are included in a regular oral examination.
- Pulp caps.
- Tooth transplantation.
- Nitrous oxide.
- Diagnostic casts.
- Occlusal adjustments.