

Blue Cross of Idaho

Coldwater Creek dental benefit highlights

Preferred Blue® Dental Passive PPO with Ortho		
Individual/Family Deductible (Deductible applies to basic and major services.)	\$50/\$150	
Individual Benefit Period Maximum	\$1,500	
Orthodontic Lifetime Maximum for Eligible Dependent Children	\$1,000	
In/Out-of-Network	In-Network	Out-of-Network
	By choosing an In-Network provider you pay only 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 Services		
Oral Examinations: Two examinations per Benefit Period.	You pay nothing**	
Fluoride: Two applications per Benefit Period and limited to Insureds who are Eligible Dependent children under age 23.		
Sealants: Limited to molars and bicuspid and lingual pits on upper anterior laterals of Eligible Dependent children under age 16. Limited to permanent teeth except for retained deciduous teeth where no permanent tooth exists. Also limited to one time per tooth in any two consecutive Benefit Periods.		
X-rays, Bitewings: Two per Benefit Period.		
X-rays, Complete Mouth Series or Panoramic X-ray: One time in any five consecutive Benefit Periods.		
Prophylaxis (Cleaning): Two per Benefit Period.		
Space Maintainers: For enrolled eligible dependent children under the age of 16.		
Basic Services		
Fillings: Restorations involving multiple surfaces will be combined and paid according to the number of surfaces treated.	You pay 20% of the allowed amount**	
Extractions		
Root Canal Therapy		
Periodontal Maintenance: Limited to four times per Benefit Period. To be eligible, at least three months must have elapsed since the last periodontal therapy was performed. Periodontal therapy is defined as any of the following procedures: gingivectomy, gingival curettage, mucogingival surgery, osseous surgery, osseous grafts, scaling and root planning.		
Scaling and Root Planning: Two times per quadrant of the mouth, per Benefit Period.		
Osseous Surgery: Once per area of the mouth, per Benefit Period.		
Major Services		
Preauthorization required on all major services		
Bridges, Inlays, Onlays, Crowns, Veneers, and Full or Partial Dentures: Five year replacement.	You pay 50% of the allowed amount**	
Orthodontia		
Orthodontia: For enrolled eligible dependent children.	You pay 50% of the allowed amount**	

**Out-of-Network you pay your coinsurance, deductible, and any difference between what Blue Cross of Idaho allows and what the Out-of-Network provider charges. This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Plan apply to this program.