

## an emphasis on your wellness ... health care plans

### Dental

Coverage is effective the first of the month following date of full-time employment. Enrollment is not automatic. Employees must submit the appropriate enrollment form to be enrolled. Medical insurance must be in effect to be eligible for Dental insurance. Visit [www.bcidaho.com](http://www.bcidaho.com) to find providers.

Maximum Calendar Year Benefit is \$1500 per participant.

Individual Yearly Deductible \$50 – Family Yearly Deductible \$150 (Deductible applies to basic and major services.)

### Preventative Care No Deductible

Type I – 100% paid benefit:

- Examinations, cleaning, bite-wing X-rays: two per Benefit Period.
- Fluoride treatments: two applications per benefit period and limited to the insured eligible dependent children under age 23.
- Sealants: limited to molars and bicuspids and lingual pits on upper anterior laterals of eligible dependent children under the age of 16.

### Basic Services

Type II – 80% paid benefit:

- Fillings, root canal therapy and extractions.
- Periodontal maintenance: limited to four times per Benefit Period. To be eligible, at least 3 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 grafts, scaling and root planing.
- Scaling and root planing: 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)

Type III – 50% paid for crowns, jacket, bridges, inlays, veneers, full or partial dentures.

Denture period: five year replacement.

### Orthodontia

Maximum Lifetime Benefit is \$1000 for enrolled eligible dependent children only.

Please complete Blue Cross form color coded "Blue" in this packet for enrollment in the dental benefit.