

Traditional Dental Plan

Benefit Highlight Sheet, Culdesac Joint School District 342, Effective Date: 09/01/2025		
TRADITIONAL DENTAL 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:	
	\$50	
Individual		
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	
Basic Dental Services	20% of Maximum Allowance after Deductible	
Select		
Major Dental Services	50% of Maximum Allowance after Deductible	
Select		
Orthodontic Lifetime Limit	\$1,000	
Select		
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.