



## Traditional Dental Plan

Benefit Highlight Sheet for Culdesac Joint School District # 342, Effective 09/01/2023	
TRADITIONAL DENTAL PLAN FOR IDAHO SCHOOL BENEFIT TRUST	
BENEFITS OUTLINE	
Visit our Web site at <a href="http://www.bcidaho.com">www.bcidaho.com</a> 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:	
<b>Individual</b>	<b>\$50</b>
<b>Family</b> <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
<b>Benefit Period Limit</b>	<b>\$1,250</b> per Participant
<b>Preventive Dental Services</b> No Waiting Period	<b>No Charge - Deductible does not apply</b>
<b>Basic Dental Services</b> <b>Select</b>	20% of Maximum Allowance after Deductible
<b>Major Dental Services</b> <b>Select</b>	50% of Maximum Allowance after Deductible
<b>Orthodontic Lifetime Limit</b> <b>Ortho Not Covered</b>	Non-applicable
<b>Orthodontic Services</b> <b>Ortho Not Covered</b>	<b>Ortho Not Covered</b>

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.