

## Maximum Allowance

Maximum allowance is the lesser of the billed charge or the amount established by Blue Cross of Idaho as the highest level of payment for a service you receive that is covered under this program.

Maximum allowance for contracting or in-network dentists is based on a pre-negotiated payment amount. Maximum allowance for non-contracting or out-of-network dentists is based on a calculation of the average charges of Idaho dentists.

## Enrollment

To enroll in Dental Blue PPO, you must be an Idaho resident under age 65 and who does not have other Blue Cross of Idaho dental insurance coverage. If you choose to terminate enrollment in Dental Blue PPO, enrollment also terminates for your eligible dependents. Also, you and your dependents are not eligible to apply for Dental Blue PPO coverage for 24 months following the date of termination. One exception is if you terminate your policy and your dependent immediately enrolls in his or her own Dental Blue PPO policy with no break in coverage.

## General Exclusions and Limitations

No benefits are available for services that are:

- Not specifically included in the Closed List of Dental Covered Services;
- Considered to be not medically necessary or experimental in nature;
- Rendered prior to your effective date of coverage; or
- Not prescribed by a dental care provider.

For a complete list of exclusions and limitations, please see the policy.

*This brochure describes the general features of the Dental Blue PPO program; it is **not** a contract. Policy #3-390-1000-08/03 or Policy #3-390-1500-08/03 is the actual contract. All of the provisions of the Policy apply. The benefits of the Policy are governed primarily by the laws of the State of Idaho.*

## Blue Cross of Idaho District Offices

### BOISE OFFICE

3000 E. Pine Ave.  
Meridian, ID 83642-5995  
*Mailing Address*  
P.O. Box 7408  
Boise, ID 83707-1408  
(208) 387-6683

### COEUR D'ALENE OFFICE

1900 Northwest Boulevard, Suite 109  
Coeur d'Alene, ID 83814  
(208) 666-1495

### IDAHO FALLS OFFICE

2116 East 25th Street  
*Mailing Address*  
P.O. Box 2287  
Idaho Falls, ID 83403  
(208) 522-8813

### LEWISTON OFFICE

1010 17th Street  
*Mailing Address*  
P.O. Box 1468  
Lewiston, ID 83501  
(208) 746-0531

### POCATELLO OFFICE

270 McKinley Ave., Suite B  
Pocatello, ID 83201  
*Mailing Address*  
P.O. Box 2578  
Pocatello, ID 83206  
(208) 232-6206

### TWIN FALLS OFFICE

1431 N. Fillmore St., Suite 200  
Twin Falls, ID 83301  
*Mailing Address*  
P.O. Box 5025  
Twin Falls, ID 83303  
(208) 733-7258

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Policy Form # 3-390-1000-08/03  
3-390-1500-08/03

# DENTAL BLUE® PPO

*An Individual Stand-alone  
Dental Program*



**BlueCross®  
of Idaho**



# Dental Blue® PPO – An Individual Dental Program

We know you are concerned about the cost of dental care for you and your family. We are excited to offer Dental Blue PPO, an individual dental plan that is flexible and affordable.

## The PPO Advantage

You have the flexibility of choosing your own provider. Dental Blue PPO is a Preferred Provider Organization (PPO) policy, which means that in order to save money, you should choose providers from our PPO contracting network. Blue Cross of Idaho has PPO agreements with dentists throughout Idaho so that you are not billed more than an amount Blue Cross of Idaho has determined to be the maximum allowance for a covered service.

When dental services are provided by a contracting (in-network) dentist, you will be responsible only for the deductible, coinsurance, copayment, and noncovered amounts.

When covered dental services are provided by a noncontracting (out-of-network) dentist, you will be responsible for any deductible, coinsurance, copayment, noncovered amounts, **and** amounts that exceed our maximum allowance.

## Deductible

There is a benefit period deductible of \$50 per person, with a maximum of three benefit period deductibles per family. The deductible does not apply to in-network preventive covered services.

## Benefit Period Maximum Amount

Dental Blue PPO provides coverage up to the \$1,000 or \$1,500 benefit period maximum, depending upon the option you feel is right

for your family. The maximum benefit amount you choose is per insured per benefit period. Your benefit period is the twelve months following your effective date.

## Preventive Dental Benefits

Dental Blue PPO pays 100% of the maximum allowance for in-network services after a \$20 copayment. Out-of-network services are paid at 70% of the maximum allowance after you meet your deductible. Available benefits include one oral exam every six months, x-rays, cleanings, and fluoride treatments. Certain benefits are only available to dependent children with age maximums. *In-network preventive care services are not subject to deductible.*

## Basic Care Benefits

Basic care benefits cover frequently used services such as fillings and extractions. Basic care services are eligible for payment after the benefit period deductible and a **six-month waiting period are met.**

Dental Blue PPO pays 80% of the maximum allowance for in-network services and 60% of the maximum allowance for out-of-network services.

## Major Care Benefits

Major care benefits of Dental Blue PPO include crowns, bridgework and root canal therapy. Major care services are eligible for payment after the benefit period deductible and a **12-month waiting period are met.**

For major care services, Dental Blue PPO pays 50% of the maximum allowance for in-network services and 40% of the maximum allowance for out-of-network services.

## Predetermination of Benefits

When a recommended Dental Treatment Plan includes crowns, full or partial dentures, inlays/onlays, periodontal surgery, bridgework, or surgical removal of impacted teeth, the Dental Treatment Plan must be submitted to Blue Cross of Idaho for a predetermination of benefits before treatment begins.

Please note that there is a six-month waiting period for basic care benefits and a 12-month waiting period for major care benefits.

(continued)

Covered Services	In-Network	Out-of-Network
Deductible	\$50 per insured per benefit period	
Benefit Period Maximum	\$1,000 or \$1,500 per benefit period	
Preventive Care Services	\$20 per visit copayment	70% of the maximum allowance <sup>3</sup>
Basic Care Services <sup>1</sup>	80% of the maximum allowance <sup>3</sup>	60% of the maximum allowance <sup>3</sup>
Major Care Services <sup>2</sup>	50% of the maximum allowance <sup>3</sup>	40% of the maximum allowance <sup>3</sup>

<sup>1</sup>Basic care services have a six-month waiting period

<sup>2</sup>Major care services have a 12-month waiting period

<sup>3</sup>Deductible applies to out-of-network preventive services, and in- or out-of-network basic and major services