Blue Cross of Idaho
An Independent Licensee of the Blue Cross and Blue Shield Association

Form No. VolDent (01/23)

VOLUNTARY DENTAL BENEFITS OUTLINE Visit our Web site at www.bcidaho.com to locate a Contracting Provider		
Deductibles (Per Benefit Period) *(Deductible applies to In-Network basic and major services and all Out-of-Network services.)*	**In-Network** **The Insured is responsible to pay these amounts:**	**Out-of-Network**
Individual	**$25**	**$50**
Family *(No Insured may contribute more than the Individual Deductible amount toward the Family Deductible)*	The Benefit Period Family Deductible is satisfied after three (3) Insureds of the same family have met their Individual Deductible	The Benefit Period Family Deductible is satisfied after three (3) Insureds of the same family have met their Individual Deductible
Benefit Period Limit	**$1,000** per Insured	
Preventive Dental Services *(No Waiting Period)*	$20 Copayment per visit (Deductible does not apply)	30% of Maximum Allowance after Deductible
Basic Dental Services *(Six (6) month Waiting Period)*	20% of Maximum Allowance after Deductible	50% of Maximum Allowance after Deductible
Major Dental Services *(Twelve (12) month Waiting Period)*	50% of Maximum Allowance after Deductible	60% of Maximum Allowance after Deductible
Orthodontia Lifetime Limit *(Twenty-four (24) month Waiting Period)*	**Ortho Not Covered**	
Orthodontic Services **Select**	**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 contract/policy, 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 contract/policy issued for a complete description of benefits, exclusions limitations and conditions of coverage. If there is a difference between this comparison and its corresponding contract/policy, the contract/policy will control. BCI Internal Revision 07.22.2022