



Dental ChoiceSM and Dental Choice PlusSM



**DENTAL COVERAGE
FOR INDIVIDUALS
AND FAMILIES**

Policy Form Numbers: 18-080-01/20
18-081-01/20, 18-079-01/20

Form No: 20-009 (09-20)

Did you know that your overall health is affected by your oral health?

Our Dental Choicesm and Dental Choice Plussm plans offer low deductibles and low premiums, with no waiting periods for Basic and Major Dental Services for kids.

Stop problems before they start

Preventive care is a top priority under both the Dental Choice and Dental Choice Plus plans. In fact, we pick up 100 percent of the cost for your preventive dental care when you see an in-network dentist.

Preventive services include regular exams, cleanings, X-rays and fluoride treatment.



We are where you are

No matter if you're at home or on the road, your Blue Cross of Idaho dental plan gives you access to quality dental care.

Our network includes more than four out of five Idaho dentists and over 300,000 offices across the United States.

Locating a network provider is easy: just visit bcidaho.com/findadentist to find a dentist near you.

ACA All the Way

It's important to know that pediatric dental insurance is considered one of the 10 essential health benefits according to the Affordable Care Act.

Our Dental Choice and Dental Choice Plus plans for children meet all of the ACA requirements.

*Rates are per person, up to a maximum of five people, including subscriber, spouse, and up to three dependent children.

MONTHLY PREMIUM RATES FOR 2021*		
AGE	Dental Choice	Dental Choice Plus
0-18	\$28.68	\$36.07
19-24	\$27.78	\$37.22
25-29	\$28.89	\$38.71
30-34	\$28.92	\$38.75
35-39	\$29.62	\$39.68
40-44	\$31.14	\$41.72
45-49	\$33.11	\$44.36
50-54	\$34.98	\$46.87
55-59	\$35.75	\$47.89
60-64	\$36.61	\$49.05
65+	\$37.50	\$50.24

Plans for Children Under Age 19

	DENTAL CHOICE (Under Age 19)	
BENEFIT DETAILS	In-network	Out-of-network
Deductible	\$25 per member	\$100 per member
Annual Out-of-Pocket Maximum	\$350 Individual \$700 Two or more	\$10,000
Benefit Period Maximum	None	
Preventive Dental Services (No waiting period; includes exams, cleanings, X-rays and fluoride)	No charge	50% coinsurance after deductible
Basic Dental Services (No waiting period; includes sealants, fillings, extractions, periodontal maintenance)	50% coinsurance after deductible	
Major Dental Services (No waiting period; root canals, periodontics, crowns, bridges, dentures and dental implants)		
Orthodontia (For medically-necessary, non-cosmetic treatment in accordance with Blue Cross of Idaho medical policies; prior authorization required)	50% coinsurance after deductible	80% coinsurance after deductible

Plans for Adults Age 19 and Older

	DENTAL CHOICE (Age 19 and older)	
BENEFIT DETAILS	In-network	Out-of-network
Deductible	\$75 per member	\$100 per member
Annual Out-of-Pocket Maximum	None	
Benefit Period Maximum	\$1,000 per member	
Preventive Dental Services (No waiting period; includes exams, cleanings, X-rays and fluoride)	No charge	50% coinsurance after deductible
Basic Dental Services (6-month waiting period; includes sealants, fillings, extractions, periodontal maintenance)	50% coinsurance after deductible	
Major Dental Services (12-month waiting period; root canals, periodontics, crowns, bridges, dentures and dental implants)	50% coinsurance after deductible	
Orthodontia	Not Covered	

DENTAL CHOICE PLUS (Under Age 19)

BENEFIT DETAILS	In-network	Out-of-network
Deductible	\$25 per member	\$100 per member
Annual Out-of-Pocket Maximum	\$350 Individual \$700 Two or more	\$10,000
Benefit Period Maximum	None	
Preventive Dental Services (No waiting period; includes exams, cleanings, X-rays and fluoride)	No charge	
Basic Dental Services (No waiting period; includes sealants, fillings, extractions, periodontal maintenance)	20% coinsurance after deductible	50% coinsurance after deductible
Major Dental Services (No waiting period; root canals, periodontics, crowns, bridges, dentures and dental implants)	50% coinsurance after deductible	
Orthodontia (For medically-necessary, non-cosmetic treatment in accordance with Blue Cross of Idaho medical policies; prior authorization required)	50% coinsurance after deductible	80% coinsurance after deductible

DENTAL CHOICE PLUS (Age 19 and older)

BENEFIT DETAILS	In-network	Out-of-network
Deductible	\$60 per member	\$100 per member
Annual Out-of-Pocket Maximum	None	
Benefit Period Maximum	\$1,250 per member	
Preventive Dental Services (No waiting period; includes exams, cleanings, X-rays and fluoride)	No charge	
Basic Dental Services (6-month waiting period; includes sealants, fillings, extractions, periodontal maintenance)	20% coinsurance after deductible	50% coinsurance after deductible
Major Dental Services (12-month waiting period; root canals, periodontics, crowns, bridges, dentures and dental implants)	50% coinsurance after deductible	
Orthodontia	Not Covered	

EXCLUSIONS AND LIMITATIONS SECTION

The exclusions and limitations apply to the entire Policy. Key terms capitalized in this document are defined and have the same meaning set forth in the applicable policy.

I. GENERAL EXCLUSIONS AND LIMITATIONS

There are no benefits for services, supplies, drugs or other charges that are:

- A. Procedures that are not included in the Closed List of Dental Covered Services; or that are not Medically Necessary for the care of an Insured's covered dental condition; or that do not have uniform professional endorsement.
- B. Charges for services that were started prior to the Insured's Effective Date. The following guidelines will be used to determine the date when a service is deemed to have been started:
 1. For full dentures or partial dentures: on the date the final impression is taken.
 2. For fixed bridges, crowns, inlays or onlays: on the date the teeth are first prepared.
 3. For root canal therapy: on the later of the date the pulp chamber is opened or the date canals are explored to the apex.
 4. For periodontal Surgery: on the date the Surgery is actually performed.
 5. For all other services: on the date the service is performed.
 6. For orthodontic services, if benefits are available under this Policy: on the date any bands or other appliances are first inserted.
- C. Cast restorations (crowns, inlays or onlays) for teeth that are restorable by other means (i.e., by amalgam or composite fillings).
- D. Replacement of an existing crown, inlay or onlay that was installed within the preceding five (5) years or replacement of an existing crown, inlay or onlay that can be repaired.
- E. Appliances, restorations or other services provided or performed solely to change, maintain or restore vertical dimension or occlusion.
- F. A service for cosmetic purposes, unless necessitated as a result of Accidental Injuries received while the Insured was covered by Blue Cross of Idaho.
- G. In excess of the Maximum Allowance.
- H. A partial or full removable denture for fixed bridgework, or the addition of teeth thereto, if involving a replacement or modification of a denture or bridgework that was installed during the preceding five (5) years.
- I. Orthodontic services and supplies unless otherwise specifically listed in the Closed List of Dental Covered Services.
- J. Replacement of lost or stolen appliances.
- K. Ridge augmentation procedures.
- L. Any procedure, service or supply other than vestibuloplasty, alveoloplasty or alveolectomy required to prepare the alveolus, maxilla or mandible for a prosthetic appliance. Excluded services include, but are not limited to stomatoplasty and synthetic bone grafts to the alveolars, maxilla or mandible.
- M. Any procedure, service or supply required directly or indirectly to treat a muscular, neural, orthopedic or skeletal disorder, dysfunction or Disease of the temporomandibular joint (jaw hinge) and its associated structures including, but not limited to, myofascial pain dysfunction syndrome.
- N. Orthognathic Surgery, including, but not limited to, osteotomy, ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- O. Temporary dental services. Charges for temporary services are considered an integral part of the final dental services and are not separately payable.
- P. Any service, procedure or supply for which the prognosis for success is not reasonably favorable.
- Q. Myofunctional therapy and biofeedback procedures.
- R. For hospital Inpatient or Outpatient care for extraction of teeth or other dental procedures.
- S. Occlusal adjustments.
- T. Not prescribed by or upon the direction of a Provider.
- U. Investigational in nature.
- V. Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Insured is entitled to benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work-related injuries or conditions. This exclusion applies whether or not the Insured claims such benefits or compensation or recovers losses from a third party.
- W. Provided or paid for by any federal governmental entity or unit except when payment under this Policy is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefor would vary, or are or would be affected by the existence of coverage under this Policy; or
For which payment has been made under Medicare Part A and/or Part B.

- X. Provided for any condition, Accidental Injury, Disease or Illness suffered as a result of any act of war or any war, declared or undeclared.
- Y. Furnished by a Provider who is related to the Insured by blood or marriage and who ordinarily dwells in the Insured's household.
- Z. Received from a dental, vision or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trust or similar person or group.
- AA. For personal hygiene, comfort, beautification or convenience items even if prescribed by a Dentist, including but not limited to, air conditioners, air purifiers, humidifiers, physical fitness equipment or programs.
- AB. For telephone consultations; for failure to keep a scheduled visit or appointment; for completion of a claim form; for interpretation services; or for personal mileage, transportation, food or lodging expenses, or for mileage, transportation, food or lodging expenses billed by a Dentist or other Provider.
- AC. For Congenital Anomalies, or for developmental malformations, unless the patient is an Eligible Dependent child.
- AD. For the treatment of injuries sustained while committing a felony, voluntarily taking part in a riot, or while engaging in an illegal act or occupation, unless such injuries are a result of a medical condition or domestic violence.
- AE. For treatment or other health care of any Insured in connection with an Illness, Disease, Accidental Injury or other condition which would otherwise entitle the Insured to Covered Services under this Policy, if and to the extent those benefits are payable to or due the Insured under any medical payments provision, no fault provision, uninsured motorist provision, underinsured motorist provision, or other first party or no fault provision of any automobile, homeowner's or other similar policy of insurance, contract or underwriting plan.
In the event Blue Cross of Idaho for any reason makes payment for or otherwise provides benefits excluded by this provision, it shall succeed to the rights of payment or reimbursement of the compensated Provider, the Insured, and the Insured's heirs and personal representative against all insurers, underwriters, self-insurers or other such obligors contractually liable or obliged to the Insured or his or her estate for such services, supplies, drugs or other charges so provided by Blue Cross of Idaho in connection with such Illness, Disease, Accidental Injury or other condition.
- AF. Any services or supplies for which an Insured would have no legal obligation to pay in the absence of coverage under this Policy or any similar coverage; or for which no charge or a different charge is usually made in the absence of insurance coverage, or charges in connection with work for compensation or charges for which reimbursement or payment is contemplated under an agreement with a third party.
- AG. Provided to persons who were enrolled as Eligible Dependents after they cease to qualify as Eligible Dependents due to a change in eligibility status which occurs during the Policy term.
- AH. Provided outside the United States, which if had been provided in the United States, would not be Covered Services under this Policy.
- AI. Not directly related to the care and treatment of an actual condition, Illness, Disease or Accidental Injury.
- AJ. For acupuncture or hypnosis.
- AK. Repair, removal, cleansing or reinsertion of Implants.
- AL. Precision or semi-precision attachments (including Implants placed to support a fixed or removable denture).
- AM. Denture duplication.
- AN. Oral hygiene instruction.
- AO. Treatment of jaw fractures.
- AP. Charges for acid etching.
- AQ. Charges for oral cancer screening which are included in a regular oral examination.
- AR. No benefits are available for replacement and/or repair of orthodontic appliances. This includes removable and/or fixed retainers.

II. CONDITIONS

A. RIGHT TO REVIEW DENTAL WORK

Before providing benefits for Covered Services, Blue Cross of Idaho has the right to refer the Insured to a Dentist of its choice and at its expense to verify the need, quantity and quality of dental work claimed as a benefit under this section.

B. CARE RENDERED BY MORE THAN ONE (1) DENTIST

If an Insured transfers from the care of one (1) Dentist to another Dentist during a Dental Treatment Plan, or if more than one (1) Dentist renders services for one (1) dental procedure, Blue Cross of Idaho will pay no more than the amount that it would have paid had but one (1) Dentist rendered the service.

C. ALTERNATE TREATMENT PLAN

If a Dentist and an Insured select a Dental Treatment Plan other than that which is customarily provided by the dental profession, payments of benefits available under this section shall be limited to the Dental Treatment Plan that is the standard and most economical, according to generally accepted dental practices.



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