



**HEALTHY EMPLOYEES HAVE A DIRECT IMPACT ON YOUR SUCCESS – AND GOOD ORAL HEALTH CONTRIBUTES TO OVERALL HEALTH.**

**IDAHO EMPLOYERS HAVE A DIFFICULT JOB:** balancing the need to manage costs while providing employees with affordable, quality dental benefits.

**BLUE CROSS OF IDAHO WANTS TO MAKE YOUR JOB EASIER.**

At Blue Cross of Idaho, we are dedicated to delivering the best value in dental insurance to our customers. We offer a variety of dental plan options, experienced dental consultants and dedicated dental customer advocates and claims staff. We want to make sure your employees receive the dental services they need with coverage options you can afford.

**ADDING VALUE BY INCREASING POSSIBILITIES.**

Blue Cross of Idaho has extensive dental provider networks giving our members choice and convenience for their dental care.

**ENSURING QUALITY BY MANAGING YOUR BENEFITS.**

Quality is important to Blue Cross of Idaho. Our dental customer advocates and claims staff have earned high marks from our providers and their staffs. In 2007, 99 percent of providers expressed overall satisfaction with our dental products and service, as did more than 93 percent of our members. Our on-site dental consultants ensure that the dental treatments provided to our members are appropriate and cost-effective.

**WHEN CHOOSING BLUE CROSS OF IDAHO FOR YOUR DENTAL AND MEDICAL COVERAGE,** you get the added value and convenience of one billing contact, one account executive and one renewal - all designed to save you time and money in managing your healthcare programs.

**LET BLUE CROSS OF IDAHO BE YOUR DENTAL COVERAGE PARTNER.**  
Contact your local Independent Insurance Agent or a Blue Cross of Idaho sales office near you.

**BLUE CROSS OF IDAHO  
DISTRICT OFFICES**

**BOISE**  
3000 East Pine Avenue  
Meridian, ID 83642-5995

**(Mailing Address)**  
P.O. Box 7408, Boise, ID 83707  
(208) 387-6683  
(800) 365-2345

**(Dental Customer Service)**  
(208) 363-8755  
(800) 289-7929

**COEUR D'ALENE**  
2100 Northwest Boulevard, Suite 120  
Coeur d'Alene, ID 83814  
(208) 666-1495

**IDAHO FALLS**  
2116 East 25th Street  
Idaho Falls, ID 83404  
**(Mailing Address)**  
P.O. Box 2287, Idaho Falls, ID 83403  
(208) 522-8813

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

**POCATELLO**  
275 South 5th Avenue, Suite 150  
Pocatello, ID 83201  
**(Mailing Address)**  
P.O. Box 2578, Pocatello, ID 83206  
(208) 232-6206

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

[www.bcidaho.com](http://www.bcidaho.com)

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**Group Dental Plans**



You think about providing affordable dental coverage to your employees.

■  
**WE THINK OUR FLEXIBLE, AFFORDABLE OPTIONS WILL MAKE YOU SMILE.**

# LEARN MORE ABOUT BLUE CROSS OF IDAHO DENTAL PLANS FOR EMPLOYERS



## CHOICE AND AFFORDABILITY – TWO WORDS WE KNOW ARE IMPORTANT TO YOU.

Our wide variety of dental plans gives you the ability to choose coverage that meets the needs of your employees and your budget. With deductibles and benefit period maximum choices, along with optional waiting periods and orthodontic services, you make the choices that determine the cost of coverage. We also offer a voluntary dental plan that allows you to offer dental insurance to your employees without employer contribution.

|  | DEDUCTIBLE AND INCENTIVE DENTAL                          |  | PREFERRED BLUE DENTAL       |                      |                             |                      |                             |                      | BASIC BLUE DENTAL                     |                                   |   |
|--|--|--|-----------------------------|----------------------|-----------------------------|----------------------|-----------------------------|----------------------|---------------------------------------|-----------------------------------|---|
|  | Deductible Dental  | Incentive Dental <sup>1</sup>  | Option 1                    |                      | Option 2                    |                      | Option 3                    |                      | In Network                            | Out of Network                    |   |
|  |  |  | In Network                  | Out of Network       | In Network                  | Out of Network       | In Network                  | Out of Network       | In Network                            | Out of Network                    |   |
| <b>Deductible per person per benefit period</b>  | \$25 or \$50   | No Deductible  | \$25 or \$50                |                      | \$25 or \$50                |                      | \$25 or \$50                |                      | \$25 or \$50                          |                                   |   |
| <b>Benefit Period Maximum (per person)</b>   | \$1,000, \$1,250 or \$1,500                              |  | \$1,000, \$1,250 or \$1,500 |                      | \$1,000, \$1,250 or \$1,500 |                      | \$1,000, \$1,250 or \$1,500 |                      | \$1,000                               |                                   |   |
| <b>Provider Network</b>  | Traditional  |  | PPO                         |                      | PPO                         |                      | PPO                         |                      | PPO                                   |                                   |   |
| <b>Depending on the choices you make, your employees pay the following:</b>  |  |  |                             |                      |                             |                      |                             |                      |                                       | <b>Exclusions and Limitations</b> |   |
| <b>Preventive Dental Services</b><br>Oral Exams<br>Bitewing x-rays<br>Cleanings<br>Fluoride treatments<br>Sealants   | Nothing  | 30% for 1st year<br>20% for 2nd year<br>10% for 3rd year<br>Nothing for 4th year | Nothing                     | 20% after deductible | 20%                         | 20% after deductible | 20%                         | 50% after deductible | Nothing <sup>2</sup>                  | 20% <sup>2</sup> after deductible | <b>Oral exams</b> limited to once in a six month period.<br><b>Bitewing X-rays</b> limited to once per benefit period.<br><b>Cleanings</b> limited to once in a six month period.<br><b>Fluoride treatments</b> limited to once per benefit period. Limited to eligible dependent children.<br><b>Sealants</b> limited to one time in three years for permanent unrestored posterior teeth and limited to eligible dependent children under age sixteen.<br><b>Basic Blue Dental:</b> Sealants covered as a Basic Dental Service. |
| <b>Basic Dental Services</b><br>Fillings<br>Extractions<br>Oral Surgery<br>Periodontal Maintenance<br>Root Canals<br><i>Deductible applies. Optional 6 month waiting period.</i>                 | 20%  | 30% for 1st year<br>20% for 2nd year<br>10% for 3rd year<br>Nothing for 4th year | 20%                         | 30%                  | 20%                         | 30%                  | 20%                         | 50%                  | 20%                                   | 40%                               | <b>Fillings:</b> Same tooth surface filling covered once in a two year period.<br><b>Periodontal Maintenance</b> limited to once in a six month period (preventive cleaning or periodontal maintenance).  |
| <b>Major Dental Services</b><br>Crowns, Bridges and Dentures<br>Inlays/Onlays<br>Repairs to bridges and dentures<br>Crown repair<br><i>Deductible applies. Optional 12 month waiting period.</i> | 50%  | 50%  | 50%                         | 60%                  | 50%                         | 60%                  | 50%                         | 50%                  | Major Dental Services are not covered |                                   | <b>Crowns, bridges, dentures, inlays/onlays</b> limited to five year replacement.<br><b>Bridge and denture</b> repairs limited to repairs performed after twelve months following initial placement.  |
| <b>Orthodontia – Optional benefit</b><br>Benefit available to groups with 20 or more enrollees.<br>Benefit subject to optional 12 or 24 month waiting period.                                    | 50% with a lifetime limit of \$1,000, \$1,250 or \$1,500 |  |                             |                      |                             |                      |                             |                      | Orthodontia benefit not available     |                                   | Orthodontia limited to eligible dependent children when this option is selected.  |

<sup>1</sup> Member must have at least one covered claim per benefit period for incentive level to increase.

<sup>2</sup> Benefit not subject to benefit period maximum.

This brochure describes the general features of our dental programs; it is not a contract. All the provisions of the Policy issued to the group apply. The benefits of the Policy are governed primarily by the laws of the State of Idaho.

**For Medical Policies that apply:**  
 3-234 (01/07)  
 13-1000 (01/07)

BCI-11-1000 (01/07)  
 13-109 (01/07)  
 13-003 (01/07)

13-004 (01/07)  
 3-119 (01/07)  
 12-190 (01/07)

3-545 (01/07)  
**For Standalone Dental:**  
 3-228 (01/07)