

Northwest Nazarene University

8/1/07 - 7/31/08

BENEFIT HIGHLIGHTS

SUMMARY OF BENEFITS	In-Network	Out-of-Network
Individual/Family Deductible (Deductible applies to basic, major and out-of-network preventive services)		\$25/\$75
Annual Individual Maximum Benefit		\$1,000

PREVENTIVE SERVICES	In-Network <i>By choosing an in-network provider you pay only coinsurance and/or copayment amounts for allowed charges.</i>	Out-of-Network <i>By choosing an out-of-network provider you pay your deductible and may also be responsible for the difference between what Blue Cross allows and what the out-of-network provider charges.</i>
Oral Examinations One examination every six months	You pay nothing for in-network preventive services	You pay 20% for out-of-network preventive services after you have met your deductible
Fluoride One application per benefit period for enrolled eligible dependent children		
Sealants: Limited to permanent posterior unrestored dentition of eligible dependent children under age 16 and limited to one time per tooth in any three consecutive benefit periods		
X-rays, Bitewings Once per benefit period		
X-rays, Extraoral/Occlusal One film per benefit period		
X-rays, Complete Mouth Series or Panoramic x-ray One time in any five consecutive benefit periods		
Prophylaxis (Cleaning) Once every six months		
BASIC SERVICES	You pay 20% of the allowed amount after you have met your deductible	You pay 30% of the allowed amount after you have met your deductible
Fillings Restorations involving multiple surfaces will be combined and paid according to the number of surfaces treated, same tooth surface restoration is covered once in two benefit periods		
Extractions		
Root Canal Therapy		
Periodontal Maintenance Once every six months		
Scaling and Root planing Once per quadrant of the mouth every three benefit periods		
Occlusal Guard One appliance every two benefit periods		
Osseous Surgery One such surgical procedure per area of the mouth every three years	You pay 50% of the allowed amount after you have met your deductible	You pay 60% of the allowed amount after you have met your deductible
Space Maintainers For enrolled eligible dependent children under age 16		
MAJOR SERVICES Preauthorization required on all major services		
Bridges, Crowns and Dentures Five year replacement		

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Policy apply to this program.

*For Dental Customer Service call (208) 363-8755 or toll-free 1-800-289-7929, 8 a.m. - 6 p.m. (MT).
Visit us on the web at www.bcidaho.com.*

Group Number 10030804