

**Boise State University – International Students**

This dental plan covers the following services when performed by a licensed dentist, dental hygienist or denturist to the extent that they are operating within the scope of their license as required under law in the state of issuance, and when determined to be necessary, usual, and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function.

Advantage Network dentists contract with PacificSource to furnish dental services and supplies for a set fee. That fee is called the contracted allowable fee. Participating providers agree not to collect more than the contracted allowable fee. When you use an Advantage Network provider, you will pay only the participating provider amounts below. If you choose not to use a participating provider, or don't have access to them, reimbursement is based on the contracted allowable fee. If charges exceed the allowable fee, the excess charges are your responsibility.

**This plan covers dental services for enrolled individuals age 18 and younger, as required under the Affordable Care Act.**

Please note: Even though you may have the same benefit for participating and non-participating providers, you may still be responsible for any amounts that a non-participating provider charges that are over the PacificSource allowable fee. Please see 'allowable fee' in the definitions section of your policy.

Annual Deductible	Per Person, Per Contract Year	Per Family, Per Contract Year
Participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Non-participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Out-of-Pocket Limit	Per Person, Per Contract Year	Per Family, Per Contract Year
Participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits
Non-participating Providers	See your Medical Schedule of Benefits	See your Medical Schedule of Benefits

**Note:** Non-participating providers can bill you for the difference between the amount charged by the provider and the amount allowed by the insurance company. Non-participating charges do not count towards your out-of-pocket limit.

**The member is responsible for any amounts shown above, in addition to the following amounts.**

Service	Participating Providers:	Non-participating Providers:
<b>Class I Services (Covered for enrolled individuals age 18 and younger.)</b>		
Examinations	20% co-insurance	20% co-insurance
Bitewing films, full mouth x-rays, cone beam x-rays, and/or panorex	20% co-insurance	20% co-insurance

Service	Participating Providers:	Non-participating Providers:
Dental cleaning (prophylaxis and periodontal maintenance)	20% co-insurance	20% co-insurance
Topical fluoride	20% co-insurance	20% co-insurance
Fluoride varnish	20% co-insurance	20% co-insurance
Sealants	20% co-insurance	20% co-insurance
Space maintainers	20% co-insurance	20% co-insurance
Athletic mouth guards	20% co-insurance	20% co-insurance
Brush biopsies	20% co-insurance	20% co-insurance
<b>Class II Services (Covered for enrolled individuals age 18 and younger.)</b>		
Fillings	50% co-insurance	50% co-insurance
Simple extractions	50% co-insurance	50% co-insurance
Periodontal scaling and root planing	50% co-insurance	50% co-insurance
Full mouth debridement	50% co-insurance	50% co-insurance
<b>Class III Services (Covered for enrolled individuals age 18 and younger.)</b>		
Complicated oral surgery	50% co-insurance	50% co-insurance
Pulp capping	50% co-insurance	50% co-insurance
Pulpotomy	50% co-insurance	50% co-insurance
Root canal therapy	50% co-insurance	50% co-insurance
Periodontal surgery	50% co-insurance	50% co-insurance
Tooth desensitization	50% co-insurance	50% co-insurance
Crowns	50% co-insurance	50% co-insurance
Replacement of existing prosthetic device	50% co-insurance	50% co-insurance
Dentures	50% co-insurance	50% co-insurance
Bridges	50% co-insurance	50% co-insurance
Implants	50% co-insurance	50% co-insurance
Orthodontia for medically necessary reasons for enrolled individuals age 18 and younger	50% co-insurance	50% co-insurance

**This is a brief summary of benefits. Refer to your student guide for additional information or a further explanation of benefits, limitations, and exclusions.**

# Additional Information

## What is the annual deductible?

Your plan's deductible is the amount of money that you pay first, before your plan starts to pay. You'll see that some services are covered by the plan without you needing to meet the deductible. The individual deductible applies if you enroll without dependents. If you and one or more dependents enroll, the individual deductible applies for each member only until the family deductible has been met.

Your medical and dental deductible are combined. See your Medical Schedule of Benefits for your deductible amount.

## What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved pediatric dental expenses during the contract year. Once the out-of-pocket limit has been met, the plan will pay 100 percent of covered charges for the rest of that year.

Your medical and dental out-of-pocket are combined. See your Medical Schedule of Benefits for your out-of-pocket limit.

## Preauthorization

Coverage of certain dental services and surgical procedures requires a benefit determination by PacificSource before the services are performed. This process is called 'preauthorization'. Preauthorization is necessary to determine if certain services and supplies are covered under this plan, and if you meet the plan's eligibility requirements. You'll find the most current preauthorization list on our website, [PacificSource.com](http://PacificSource.com).