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 (chewing of food).

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. Coverage for pediatric services will end on the last day of the month in which the enrolled individual turns 19.**

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.

<table>
<thead>
<tr>
<th>Annual Deductible</th>
<th>Per Person, Per Contract Year</th>
<th>Per Family, Per Contract Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating Providers</td>
<td>See your Medical Schedule of Benefits</td>
<td>See your Medical Schedule of Benefits</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>See your Medical Schedule of Benefits</td>
<td>See your Medical Schedule of Benefits</td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>Per Person, Per Contract Year</td>
<td>Per Family, Per Contract Year</td>
</tr>
<tr>
<td>Participating Providers</td>
<td>See your Medical Schedule of Benefits</td>
<td>See your Medical Schedule of Benefits</td>
</tr>
<tr>
<td>Non-participating Providers</td>
<td>See your Medical Schedule of Benefits</td>
<td>See your Medical Schedule of Benefits</td>
</tr>
</tbody>
</table>

**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.

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

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 does not require you to meet a deductible before services are covered.

What is the out-of-pocket limit?

The out-of-pocket limit is the most you'll pay for approved medical and 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. Non-essential health benefits, penalties, and balance billed amounts over the allowable fee do not accumulate toward the out-of-pocket limit.

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. Preauthorization does not change your out-of-pocket expense for participating and non-participating providers. You'll find the most current preauthorization list on our website, PacificSource.com/member/preauthorization.aspx.