

DENTAL BLUE[®] PPO

PREFERRED PROVIDER ORGANIZATION

EFFECTIVE
FEBRUARY 2008

Individual Monthly Rates

\$50 Deductible

Age of Applicant or Spouse	\$1,000 Benefit Period Max.	\$1,500 Benefit Period Max.
Up to 19	\$ 25.90	30.00
20 - 24	25.90	30.00
25 - 29	25.90	30.00
30 - 34	31.20	36.20
35 - 39	34.80	40.40
40 - 44	40.10	46.60
45 - 49	43.70	50.70
50 - 54	44.60	51.80
55 - 59	44.60	51.80
60 - 64	50.60	58.70
Dependent Child (1) (under age 25)	\$ 23.40	\$ 27.20
Dependent Children (2+) (under age 25)	46.90	54.40

Rate is based on age at time of enrollment.



www.bcidaho.com

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