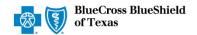
DENTAL PLAN II WITH ORTHODONTIA

BLUECARE DENTAL PPO

DENTAL I LAN II WITH OKTHODONTIA	DEGLOARE DERIVETTO
Type of Service	Benefit**
General Provisions	
Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
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Diagnostic and Preventive Care Benefits (deductible waived)	
(Benefits do not apply to Plan Year Maximum)	
Oral Examinations (twice per Plan Year)	
Problem-Focused and non-routine exams limited to 1 per plan year Consultations	
Prophylaxis (two cleanings per Plan Year)	
Dental X-rays -Full Mouth/Panoramic X-rays (once every 60 months)	
Bitewing X-ray Series (once per Plan Year)	
Fluoride Treatment (to age 19; twice per Plan Year)	100%
Sealants up to age 19, permanent molars, one per tooth every 36 months	
Space Maintainers up to age 19; 1 per arch per lifetime on posterior teeth only	
Labs and Tests	
Periodontal Maintenance 2 per plan year; not combined with Preventive Prophylaxis	
Full Mouth Debridement once per lifetime	
Miscellaneous Services	80%
Palliative Care	
Restorative Services	
Amalgams and Composite (once per surface on the indicated tooth per 24 months) Simple Extractions	80%
Pin Retention	0076
General Services	
Diagnostic Casts (once per Plan Year)	
Prefabricated Stainless Steel Crowns	80%
Endodontic Services	
Root canal therapy	
Direct pulp cap	
Apicoectomy/Apexification	80%
Retrograde filling	00%
Root amputation/hemisection	
Therapeutic pulpotomy	
Periodontal Services	80%
Periodontal scaling and root planing	
Oral Surgery Services	
Surgical tooth extractions	
Full Bony impacted tooth extractions	
General Anesthesia/IV Sedation	50%
Alveoloplasty, Vestibuloplasty Gingivectomy/gingivoplasty	
Gingive Clorry/ging/vopiasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	
Crowns, Inlays/Onlays Services	
Crowns, Inlays, Onlays, Labial Veneers	50%
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Prosthodontic Services Bridges and dentures Denture reline/rebase, Denture adjustments, Re-cementation and repair of bridges/dentures, Re-cementation and repair of crowns, inlays/onlays, Occlusal Guard Implants	50%
Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults (no age limitation) and Dependent children (under age 26)	50%
Lifetime Maximum per Participant	\$1,500

**Each time you need dental care, you can choose to:

SEE A CONTRACTING DENTIST SEE A NON-CONTRACTING DENTIST

- Your out-of-pocket cost will generally be the least amount because BlueCare Dentists have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists
- Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSTX Allowable Amount

EMPLOYEE INFORMATION

This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions. The following eligibility provisions apply:

- Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
- Retirees may be eligible, depending on employer contract.
- Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.