



**BENEFIT HIGHLIGHTS**

**DENTAL INSURANCE**

**DENTAL PLAN (TRADITIONAL D200)**

*Sample*

TYPE OF SERVICE	BENEFIT
<b>GENERAL PROVISIONS</b> Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$50 Indiv/\$150 Family No \$1000
<b>DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived)</b> Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment (to age 19) Dental X-rays	100%
<b>MISCELLANEOUS SERVICES</b> Sealants, Space Maintainers Labs & Tests, Palliative Care	80%
<b>RESTORATIVE SERVICES</b> Amalgams & Composites, Simple Extractions, Pin Retention	
<b>GENERAL SERVICES</b> Anesthesia, Stainless Steel Crowns	50%
<b>ENDODONTIC SERVICES</b> Root canal therapy, Direct pulp cap Apicoectomy/apexification, Retrograde filling Root amputation/hemisection, Therapeutic pulpotomy Gross pulpal debridement	50%
<b>PERIODONTAL SERVICES</b> Periodontal scaling and root planning, Full mouth debridement Gingivectomy/gingivoplasty, Gingival flap procedure Osseous surgery, Osseous grafts Soft tissue grafts	50%
<b>ORAL SURGERY SERVICES</b> Surgical tooth extractions, Alveoloplasty, Vestibuloplasty	50%
<b>CROWNS, INLAYS/ONLAYS SERVICES</b> Prefabricated post and cores, Cast post and cores Recementation of crowns, inlays/onlays, Crown repair	50%
<b>PROSTHODONTIC SERVICES</b> Reline/Rebase, Bridges and dentures, Recementation and repair of bridges	50%
<b>ORTHODONTIC BENEFITS</b>	N/A

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 25. Disabled dependent children can be covered beyond age 25.
- Retirees are not eligible for coverage.
- Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
- Open enrollment – employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

A preexisting condition exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. This exclusion will not apply to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.

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