

## BCBS Dental Plan – Schedule of Benefits

| Plan Provision   | Key Information & Highlights   |
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| <b>Annual Deductible</b><br>If you have family coverage, the first three members of your family to receive services will be subject to a \$50 deductible, per person, per benefit period.  | \$50 per person  |
| <b>Preventive Services</b> (Deductible does not apply) <ul style="list-style-type: none"> <li>• Oral examinations – two per plan year</li> <li>• Cleaning, scaling and polishing of the teeth – 2x per plan year</li> <li>• Topical fluoride application – one application 2x per plan year, for each covered dependent children up to age 19</li> <li>• Sealant for covered dependent children up to age 19</li> <li>• Dental x-rays               <ul style="list-style-type: none"> <li>➢ Panoramic and routine full-mouth x-rays – one full-mouth series every thirty-six (36) months</li> <li>➢ Routine bitewing x-rays – one set per plan year</li> </ul> </li> </ul>  | Plan pays 100%*  |
| <b>Primary Services</b> <ul style="list-style-type: none"> <li>• Fillings</li> <li>• Simple extractions – unless specifically excluded</li> <li>• Oral surgery</li> <li>• Temporary (stainless steel) crowns</li> <li>• Endodontics</li> <li>• Repair of removable dentures</li> <li>• Recementing of crowns, inlays and bridges</li> <li>• Periodontics</li> <li>• Oral surgery services</li> <li>• General anesthesia – covered only if administered in connection with a covered dental procedure, by a person who is licensed to administer general anesthesia and is not the dentist who performed the dental procedure</li> <li>• Occlusal mouthguards</li> </ul>  | Plan pays 80%* after deductible  |
| <b>Major Services</b> <ul style="list-style-type: none"> <li>▪ Inlays, onlays and crowns (except for temporary crowns)</li> <li>▪ Bridges</li> <li>▪ Bridge repair</li> <li>▪ Full and partial dentures</li> <li>▪ Denture adjustments and relining – during the first six months after obtaining dentures or having them repaired, adjustments are covered only if they are done by a provider other than providers in the dentist's office that originally provided or repaired the dentures</li> <li>▪ Addition of tooth or clasp</li> <li>▪ Implants</li> </ul> Once you receive benefits for a crown, bridge or full/partial dentures, replacements are not covered until five years have elapsed. Also, benefits are not available for the replacement of a bridge or denture that could have been repaired. | Plan pays 50%* after deductible  |
| <b>Orthodontic Services (for dependents under age 19)</b><br>Not subject to deductible   | Plan pays 50%*   |
| <b>Emergency Dental Services</b>   | Plan pays 100%* after deductible   |
| <b>Maximum Benefit</b>   | \$1,500 per calendar year, per person<br>(excludes orthodontic services) |
| <b>Maximum Benefit – Orthodontic Services</b>  | \$1,500 lifetime maximum   |

\*The Plan pays a percentage of the "maximum allowance," meaning the amount that network dentists agree to accept as payment in full, for a particular service.