

**DENTAL BENEFIT HIGHLIGHTS** *Prepared for alliantgroup*  
Effective January 1, 2019

<b>Type of Service</b>	<b>Benefit**</b>
<b>General Provisions</b>	
Calendar Year Deductible	\$50 Individual / \$150 Family
<b>Three-month Deductible carryover applies</b>	<b>Yes</b>
Deductible credit from prior carrier	No
Maximum per Participant	\$1000
<b>Diagnostic and Preventive Care Benefits</b>	
Oral Examinations (2 exams per Year)	100%
Prophylaxis (2 cleanings per Year)	
Fluoride Treatment (to age 19; 2 per Year)	
Dental X-rays (Subject to booklet provision) – Full Mouth/Panoramic Xrays – 1 time per 36 months.	
<b>Miscellaneous Services</b>	
<b>Sealants (up to age 16; applies to permanent molars, one application per tooth, per lifetime)</b>	100%
Space Maintainers (up to age 19)	
Labs and Tests	
Palliative Care	
<b>Restorative Services</b>	
Amalgams and Composites	80%
Simple Extractions	
Pin Retention	
<b>General Services</b>	
Anesthesia	80%
Stainless Steel Crowns	
<b>Endodontic Services</b>	
Root canal therapy	50%
Direct pulp cap	
Apicoectomy/Apexification	
Retrograde filling/Root amputation/hemisection	
Therapeutic pulpotomy/Gross pulpal debridement	
<b>Periodontal Services</b>	
Periodontal scaling and root planning	50%
Full mouth debridement/Periodontal Maintenance	
Gingivectomy/Gingivoplasty	
Gingival flap procedure/Osseous surgery and grafts/Soft tissue grafts	
<b>Oral Surgery Services</b>	
Surgical tooth extractions	50%
Alveoplasty/Vestibuloplasty	
<b>Crowns, Inlays/Onlays Services</b>	
Prefabricated post and cores	50%
Recementation of crowns, inlays/onlays	
Crown Repair	
<b>Prosthetic Services</b>	
Reline/Rebase	50%
Bridges and dentures	
Recementation and Repair of Bridges/Implants	
<b>Orthodontic Benefits</b>	
Deductible Waived (standard)	
Orthodontic Diagnostic Procedures and Treatment:	50%
<b>Adults eligible: No</b>	
<b>Dependent Children eligible: Yes - If yes, indicate age limitation: 19</b>	\$1500
Orthodontic Lifetime Maximum per Participant	

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

See a Contracting BlueCare Dentist	See a Non-Contracting Dentist
<ul style="list-style-type: none"> <li>• 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</li> <li>• You are not required to file claim forms</li> <li>• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> <li>• You are required to file claim forms</li> <li>• You are balance billed for costs exceeding the BCBSTX Allowable Amount</li> </ul>

### 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 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.
- When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.
- **Missing Tooth Provision does not apply.**
- BlueMax Advantage benefit maximum increment applied after first dental benefit year (if applicable)