

Blue Cross® and Blue Shield® of Texas*
BlueCare® Freedom Dental
D701 Summary of Benefits

TYPE OF SERVICE	BENEFIT**
GENERAL PROVISIONS Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$50 Indiv/\$150 Family No \$1500
DIAGNOSTIC AND PREVENTIVE CARE BENEFITS <input checked="" type="checkbox"/> Deductible Waived (standard) <input type="checkbox"/> Deductible Not Waived Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Dental X-rays (Subject to booklet provisions)	100%
MISCELLANEOUS SERVICES <input type="checkbox"/> Deductible Waived <input checked="" type="checkbox"/> Deductible Not Waived(standard) Sealants – up to age 16, permanent molars, one application per tooth per lifetime Space Maintainers / Lab Tests / Palliative Care	80%
RESTORATIVE SERVICES Amalgams & Composites / Simple Extractions / Pin Retention	80%
GENERAL SERVICES Anesthesia / Stainless Steel Crowns	50%
ENDODONTIC SERVICES Root canal therapy/ Direct pulp cap / Apicoectomy/Apexification / Retrograde filling Root amputation/hemisection / Therapeutic pulpotomy / Gross pulpal debridement	50%
PERIODONTAL SERVICES Periodontal scaling and root planning / Full mouth debridement / Gingivectomy/Gingivoplasty Gingival flap procedure/ Osseous surgery/ Osseous grafts / Soft tissue grafts	50%
ORAL SURGERY SERVICES Surgical tooth extractions/ Alveoloplasty / Vestibuloplasty	50%
CROWNS, INLAYS/ONLAYS SERVICES Prefabricated post and cores / Recementation of crowns, inlays/onlays / Crown repair	50%
PROSTHODONTIC SERVICES Reline/Rebase / Bridges and dentures / Recementation and repair of bridges/ Implants	50%
ORTHODONTIC BENEFITS <input checked="" type="checkbox"/> Deductible Waived (standard) <input type="checkbox"/> Deductible Not Waived Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; If yes age Unlimited Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes; If yes age 19 or 26. Lifetime Maximum per Participant	50% \$1000

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

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist	Preferred Network Dentist	
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Your out-of-pocket cost may be greater because Dentists have contracted to accept a higher 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 Dentists 	<ul style="list-style-type: none"> 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

- 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 clause not applicable.**
- Plan D701 is available to group sizes of 10 or more enrolled.