

Schedule of Benefits

Adult Services (Age 19 and Over)

Your dental care benefits are highlighted below. To fully understand all terms, conditions, limitations, and exclusions which apply to Your benefits, please read this entire Policy.

The Deductibles, Coinsurance Amount, Annual Maximum and/or Out-of-Pocket Limits below are subject to change as permitted by applicable law.

BlueCare Dental 1B

Covered Services	Benefit Payable
Diagnostic Evaluations (Deductible waived)	90%
Preventive Services (Deductible waived)	90%
Diagnostic Radiographs (Deductible waived)	90%
Miscellaneous Preventive Services	90%
Basic Restorative Services	70%
Non-Surgical Extractions	70%
Non-surgical Periodontal Services	70%
Adjunctive Services	70%
Endodontic Services	50%
Oral Surgery Services	50%
Surgical Periodontal Services*	50%
Major Restorative Services*	50%
Prosthodontic Services*	50%
Miscellaneous Restorative and Prosthodontic Services*	50%
Orthodontia	
Optional Orthodontia	Not covered
Deductible	\$75 individual / \$225 family
Annual Maximum	\$1,000
Out-of-Pocket Maximum	None

*12 Month Benefit Waiting Period applies.

All benefits are based upon the Allowable Amount, which is the amount determined by BCBSTX as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses.

Limitations and Exclusions

These general Limitations and Exclusions apply to all services described in this dental Policy. Dental coverage is limited to services provided by a Dentist or a dental auxiliary, (as defined in the Definitions section) licensed to perform services covered under this dental Policy.

Important Information About the Participant's Dental Benefits

- **Dental Procedures Which Are Not Dentally Necessary**

Please note that in order to provide the Participant with dental care benefits at a reasonable cost, this Policy provides benefits only for those covered services for eligible dental treatment that are determined by BCBSTX to be Dentally Necessary.

No Benefits will be provided for procedures which are not Dentally Necessary.

The fact that a Dentist may prescribe, order, recommend or approve a procedure does not of itself make such a procedure or supply Dentally Necessary.

- **Care By More Than One Dentist**

If the Participant changes Dentists in the middle of a particular Course of Treatment, benefits will be provided as if he had stayed with the same Dentist until his treatment was completed. There will be no duplication of benefits.

- **Alternate Benefits**

In all cases in which there is more than one Course of Treatment possible, the benefit will be based upon the most cost-effective Course of Treatment, as determined by BCBSTX.

If the Participant and his Dentist decide on personalized restorations, or personalized complete or partial dentures and over dentures, or to employ specialized techniques for dental services rather than standard procedures, the benefits provided will be limited to the benefit for the standard procedures for dental services, as determined by Us.

- **Non-Compliance with Prescribed Care**

Any additional treatment and resulting liability which is caused by the lack of a Participant's cooperation with the Dentist or from non-compliance with prescribed dental care will be the responsibility of the Participant.

Exclusions — What Is Not Covered

No benefits will be provided under this Policy for:

1. Services or supplies not specifically listed as a covered service, or when they are related to a non-covered service.
2. Amounts which are in excess of the Allowable Amount, as determined by BCBSTX.
3. Dental services treatment of congenital or developmental malformation or services performed for cosmetic purposes including but not limited to bleaching teeth and grafts to improve aesthetics.
4. Dental services or appliances for the diagnosis and/or treatment of temporomandibular joint dysfunction and related disorders, unless specifically mentioned in this Policy or if resulting from Accidental Injury. Dental services or appliances to increase vertical dimension, unless specifically mentioned in this Policy.
5. Dental services which are performed due to an Accidental Injury for Participants age 19 and over. Any Injury caused by chewing or biting an object or substance placed in the Participant's mouth is not considered an accidental injury.
6. Services and supplies for any illness or injury suffered after the Participant's Effective Date as a result of war or any act of war, declared or undeclared, or while on active or reserve duty in the armed forces of any country or international authority.

Limitations and Exclusions

7. Services or supplies that do not meet accepted standards of dental practice.
8. Experimental/Investigational services and supplies and all related services and supplies.
9. Hospital and ancillary charges.
10. Implants and any related services and supplies (other than crowns, bridges and dentures supported by implants) associated with the placement and care of implants for Participants age 19 and over.
11. Services or supplies for which the Participant is not required to make payment or would have no legal obligation to pay if he did not have this or similar coverage.
12. Services or supplies for which "discounts" or waiver of Deductible or coinsurance amounts are offered.
13. Services or supplies received from someone other than a Dentist, except for those services received from a licensed dental hygienist under the supervision and guidance of a Dentist, where applicable.
14. Services or supplies received for behavior management or consultation purposes.
15. Any services or supplies provided in connection with an occupational sickness or an injury sustained in the scope of and in the course of any employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
16. Any services or supplies for which benefits are, or could upon proper claim be, provided under any laws enacted by the Legislature of any state, or by the Congress of the United States, or any laws, regulations or established procedures of any county or municipality, except any program which is a state plan for medical/dental assistance (Medicaid); provided, however, that this exclusion shall not be applicable to any coverage held by the Participant for dental expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.
17. Charges for nutritional, tobacco or oral hygiene counseling.
18. Charges for local, state or territorial taxes on dental services or procedures.
19. Charges for the administration of infection control procedures as required by local, state or federal mandates.
20. Charges for duplicate, temporary or provisional prosthetic device or other duplicate, temporary or provisional appliances.
21. Charges for telephone consultations, email or other electronic consultations, missed appointments, completion of a claim form or forwarding requested records or x-rays.
22. Charges for prescription or non-prescription mouthwashes, rinses, topical solutions, preparations or medicament carriers.
23. Charges for personalized complete or partial dentures and overdentures, related services and supplies, or other specialized techniques.
24. Charges for athletic mouth guards, isolation of tooth with rubber dam, metal copings, mobilization of erupted/malpositioned tooth, precision attachments for partials and/or dentures and stress breakers.
25. Charges for a partial or full denture or fixed bridge which includes replacement of a tooth which was missing prior to the Participant's Effective Date under this Policy; except this exclusion will not apply if such partial or full denture or fixed bridge also includes replacement of a missing tooth which was extracted after Your Effective Date.
26. Any services, treatments or supplies included as covered services under other hospital, medical and/or surgical coverage.
27. Case presentations or detailed and extensive treatment planning when billed for separately.
28. Charges for occlusion analysis or occlusal adjustments.