

DENTAL BENEFIT HIGHLIGHTS

Prepared for McCamey ISD 063822_BA0002 Renewal 70% R&C

Type of Service	Benefit
<p>General Provisions</p> <p><input type="checkbox"/> Plan <input checked="" type="checkbox"/> Calendar Year Deductible Three-month Deductible carryover applies Deductible credit from prior carrier Maximum per Participant</p>	<p>\$50 Individual / \$150 Family Yes <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No \$2,000</p>
<p>Diagnostic and Preventive Care Benefits</p> <p><input checked="" type="checkbox"/> Deductible Waived (standard) Oral Examinations (2 exams per Year) Prophylaxis (2 cleanings per Year) Fluoride Treatment (to age 19; 2 per Year) Dental X-rays (Subject to booklet provision) Full Mouth X-rays/Panoramic X-rays – 1 time per 36 months</p>	<p>100%</p>
<p>Miscellaneous Services</p> <p><input checked="" type="checkbox"/> Deductible Waived Sealants (up to age 14; applies to permanent molars, one application per tooth, per lifetime) Space Maintainers (up to age 19) Labs and Tests Palliative Care</p>	<p>100%</p>
<p>Restorative Services</p> <p>Routine fillings (amalgams and composites) Simple Extractions Recementation and repair of bridges Recementation of Crowns, Inlays/Onlays/Crown Repairs / Denture Adjustments Relines / Rebase</p>	<p>80%</p>
<p>General Services</p> <p>Anesthesia Stainless Steel Crowns Injection of antibiotic drugs</p>	<p>80%</p>
<p>Endodontic Services</p> <p>Root Canal Therapy Direct pulp caps Apicoectomy/Apexification Retrograde Filling/Root Amputation Hemisection/Therapeutic Pulpotomy Gross Pulpal Debridement</p>	<p>80%</p>
<p>Periodontal Services</p> <p>Scaling and root planning Full Mouth Debridement Periodontal Maintenance Osseous surgery/Gingivectomy surgery Gingival Flap</p>	<p>80%</p>
<p>Oral Surgery Services</p> <p>Surgical tooth extractions Alveoplasty/Vestibuloplasty</p>	<p>80%</p>
<p>Crowns, Inlays/Onlays Services</p> <p>Inlays/onlays and crowns (other than temporary crowns) Prefabricated Post and Core</p>	<p>80%</p>
<p>Prosthodontic Services</p> <p>Bridges, Full and Partial Dentures</p>	<p>80%</p>
<p>Orthodontic Benefits</p> <p><input checked="" type="checkbox"/> Deductible Waived (standard) Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes age limitation: Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 19 Orthodontic Lifetime Maximum per Participant</p>	<p>50% \$1,000</p>
<p>Additional Provisions (Includes benefit changes, account structure changes, new benefit exclusions and effective date of change):</p>	

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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 / 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 30 days prior to the anniversary date.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. 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.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

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

Please note that our dental is a “freestanding” product and can be purchased separately from the health product, i.e., an employee can have only himself covered for health, but have dental for the family and vice versa.

Group Executive Name and Title
(Please type or print)

Signature

Date

Agent of Record Name
(Please print or type)

Signature

Date

Zac Hammond

BCBSTX Representative Name
(Please print or type)

Signature

Date