

DENTAL BENEFIT HIGHLIGHTS *Prepared for AlliantGroup*

Type of Service	Benefit**
General Provisions	
Calendar Year Deductible	\$50 Individual / \$150 Family
Three-month Deductible carryover applies	Yes
Deductible credit from prior carrier	No
Maximum per Participant	\$1500
Diagnostic and Preventive Care Benefits	
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/Panoramic Xrays – 1 time per 36 months.	100%
Miscellaneous Services	
Sealants (up to age 16; applies to permanent molars, one application per tooth, per lifetime) Space Maintainers (up to age 19) Labs and Tests Palliative Care	100%
Restorative Services	
Amalgams and Composites Simple Extractions Pin Retention	80%
General Services	
Anesthesia Stainless Steel Crowns	80%
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/Periodontal Maintenance Gingivectomy/Gingivoplasty Gingival flap procedure/Osseous surgery and grafts/Soft tissue grafts	50%
Oral Surgery Services	
Surgical tooth extractions Alveoplasty/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	
Deductible Waived (standard)	
Orthodontic Diagnostic Procedures and Treatment: Adults eligible: Yes	50%
Dependent Children eligible: Yes - If yes, indicate age limitation: 26	
Orthodontic Lifetime Maximum per Participant	\$1500

****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"> 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 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

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)

*Additional Provisions - Effective 1/1/2025 Adult Orthodontia is covered.
 Effective 1/1/2025 Annual Maximum is \$1500
 Effective 1/1/2025 Dependent Children Orthodontia Age Limit is 26*

 Group Executive Name and Title
 (Please type or print)

 Signature

 Date

 Agent of Record Name
 (Please print or type)

 Signature

 Date

 BCBSTX Representative Name
 (Please print or type)

 Signature

 Date