

**Blue Cross® and Blue Shield® of Texas\***  
**BlueCare® Freedom Dental**  
**D202 Summary of Benefits**

<b>TYPE OF SERVICE</b>	<b>BENEFIT**</b>
<b>GENERAL PROVISIONS</b> Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$50 Indiv/\$150 Family No \$1500
<b>DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived)</b> Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Dental X-rays (Subject to booklet provisions)	100%
<b>MISCELLANEOUS SERVICES</b> Sealants/ Space Maintainers / Lab Tests / Palliative Care	80%
<b>RESTORATIVE SERVICES</b> Amalgams & Composites / Simple Extractions / Pin Retention	80%
<b>GENERAL SERVICES</b> Anesthesia / Stainless Steel Crowns	50%
<b>ENDODONTIC SERVICES</b> Root canal therapy/ Direct pulp cap / Apicoectomy/apexification / Retrograde filling Root amputation/hemisection / Therapeutic pulpotomy / Gross pulpal debridement	50%
<b>PERIODONTAL SERVICES</b> Periodontal scaling and root planning / Full mouth debridement / Gingivectomy/gingivoplasty Gingival flap procedure/ Osseous surgery/ Osseous grafts / Soft tissue grafts	50%
<b>ORAL SURGERY SERVICES</b> Surgical tooth extractions/ Alveoloplasty / Vestibuloplasty	50%
<b>CROWNS, INLAYS/ONLAYS SERVICES</b> Prefabricated post and cores / Recementation of crowns, inlays/onlays / Crown repair	50%
<b>PROSTHODONTIC SERVICES</b> Reline/Rebase / Bridges and dentures / Recementation and repair of bridges	50%
<b>ORTHODONTIC BENEFITS</b> Orthodontic Diagnostic Procedures and Treatment / Available to Adults and Children Lifetime Maximum per Participant	N/A  N/A

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

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

- 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:
  - 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.
- 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.
- Plan D202 is available to group sizes of 2 or more enrolled.