BlueCare® Freedom Dental

BlueCross BlueShield of Texas

DENTAL BENEFIT HIGHLIGHTS *Prepared for* X-Fab Texas, Inc.

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	$3,000
Diagnostic and Preventive Care Benefits	
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/Panoramic Xrays – 1 time per 36 months.	100%
Miscellaneous Services	
Deductible Not Waived (standard)	
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	80%
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement/Periodontal Maintenance Gingivectomy/Gingivoplasty Gingival flap procedure/Osseous surgery and grafts/Soft tissue grafts	80%
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty/Vestibuloplasty	80%
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 **Implants/Bone Grafts/Occular Guards**	50%
Orthodontic Benefits	
Deductible Waived (standard)	
Orthodontic Diagnostic Procedures and Treatment: **Adults eligible: No** **Dependent Children eligible: Yes - If yes, indicate age limitation: 19**	50%
Orthodontic Lifetime Maximum per Participant	*$3,000*

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

See a Contracting BlueCare Dentist	See a Non-Contracting Dentist
• 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	• 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.**

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