BlueCare® Freedom Dental

BlueCross BlueShield of Texas

DENTAL BENEFIT HIGHLIGHTS *Prepared for* Southern Methodist University

Type of Service	Benefit**
General Provisions	
Preventive Lifetime Deductible per Participant*	***$50***
Basic & Major Annual Deductible per Participant*	***$75***
Calendar Year Maximum per Participant	***$1,800***
Diagnostic and Preventive Care Benefits	***100%***
Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment (to age 19) Dental X-rays (Subject to booklet provision)	
Miscellaneous Services	***100%***
Sealants Space Maintainers Labs and Tests Palliative Care	
Restorative Services	***80%***
Amalgams and Composites Simple Extractions Pin Retention Recementation and repair of bridges Denture repair	
General Services	***80%***
Anesthesia Stainless Steel Crowns	
Endodontic Services	***80%***
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	
Periodontal Services	***80%***
Periodontal scaling and root planning Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure Osseous surgery and grafts Soft tissue grafts Occlusal adjustments	
Oral Surgery Services	***80%***
Surgical tooth extractions Alveoloplasty Vestibuloplasty	
Crowns, Inlays/Onlays Services	***50%***
Prefabricated post and cores Recementation of crowns, inlays/onlays Crown repair	
Prosthodontic Services	***50%***
Reline/Rebase Bridges and dentures Implants Occlusal guard (for bruxism only) TMJ (diagnosis, therapy or other non-surgical treatment)	
Orthodontic Benefits	***50%***
Orthodontic Diagnostic Procedures and Treatment (Children up to age 20)	☒ ***Yes*** / ☐ ***No***
Lifetime Deductible per Participant Lifetime Maximum per Participant	***$100*** ***$1,800***

***Note:**
There is a Preventive Lifetime Deductible per Participant carry-over provision from the prior carrier.
There is NOT a Basic & Major Annual Deductible per Participant three-month deductible carryover from the prior carrier.

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

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist	**DentaBlue 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 DentaBlue Dentists have contracted to accept a higher 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 DentaBlue 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

ADDITIONAL COVERAGE INFORMATION

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- TMJ has a $1,000 Lifetime Maximum Benefit
- The following eligibility provisions apply:
  - Dependent children are covered up to age 19 or up to age 25, if a full-time student.
  - Physically or mentally disabled children of any age are covered who are incapable of self-support. Proof of disability may be requested and disability has to have occurred prior to age 26.
  - Retirees are not eligible for coverage. .
  - 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.