

# Dental Plan Highlights

## BCBS Dental Plan (Traditional)

<b>General Provisions</b>	
Web Site Address	<a href="http://www.dentemax.com">http://www.dentemax.com</a>
Phone Number	Actives: 1-800-482-5146
Annual Plan Maximum	\$1,850 per eligible person per plan year
<b>Diagnostic/Preventive</b>	
Oral Exam	<b>In-Network:</b> Covered, twice per plan year <b>Out-of-Network:</b> Covered at the Maximum Payment, twice per year
Cleaning	<b>In-Network:</b> Covered, twice per plan year <b>Out-of-Network:</b> Covered at the Maximum Payment, twice per year
Fluoride Treatment	<b>In-Network:</b> One application per benefit year, covered for dependents under age 15 at the Maximum Payment. At any age, Fluoride trays and fluoride treatment will be covered for cancer patients undergoing radiation therapy of the head and neck.
Space Maintainers	<b>In-Network:</b> Covered for eligible dependents to age 19 <b>Out-of-Network:</b> Covered at the Maximum Payment, for eligible dependents to age 19
X-Rays (Radiographs)	<b>In-Network:</b> Covered 100% - certain conditions apply <b>Out-of-Network:</b> Covered 90% of the Maximum Payment - certain conditions apply
Palliative Treatment	<b>In-Network:</b> Covered 100% - certain conditions apply <b>Out-of-Network:</b> Covered 90% of the Maximum Payment - certain conditions apply
<b>Restorative</b>	
Fillings	<b>In-Network:</b> Covered 100% <b>Out-of-Network:</b> Covered at 90% of the Maximum Payment
Single Crowns	<b>In-Network:</b> Covered 100% <b>Out-of-Network:</b> Covered at 90% of the Maximum Payment
Root Canal	<b>In-Network:</b> Covered 100% <b>Out-of-Network:</b> Covered at 90% of the Maximum Payment
Gum Treatments	<b>In-Network:</b> Covered 100% <b>Out-of-Network:</b> Covered 90% of the Maximum Payment
<b>Oral Surgery</b>	
Extractions	<b>In-Network:</b> Covered 100% <b>Out-of-Network:</b> Covered 90% of the Maximum Payment
Major Oral Surgery	<b>In-Network:</b> Covered 90% <b>Out-of-Network:</b> Covered 90% of the Maximum Payment
<b>Prosthetics</b>	
Bridgework	<b>In-Network:</b> Covered 70% - certain conditions apply <b>Out-of-Network:</b> Covered 50% of the Maximum Payment
Dentures	<b>In-Network:</b> Covered 70% - certain conditions apply <b>Out-of-Network:</b> Covered 50% of the Maximum Payment
<b>Orthodontics</b>	
Full Course Treatment	<b>In-Network:</b> Covered 60% for eligible dependents to age 19 <b>Out-of-Network:</b> Covered 50% of the Maximum Payment
Lifetime Maximum	<b>In-Network:</b> \$2,200 per eligible dependent <b>Out-of-Network:</b> \$2,200 per eligible dependent

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#### Emergency

Out of Area

**In-Network:** Covered as shown above

**Out-of-Network:** Covered as shown above

#### Disclaimer

The health care benefits summary is a summary of basic benefits of the coverage options which may be available to you. Benefit policies, limitations and exclusions vary from plan to plan. If you or your eligible dependent(s) have specific medical needs, it is important that you check with the plan you are considering to find out how these needs will be met.

The company reserves the right to end, suspend or amend Plans, subject to the applicable Collective Bargaining Agreement. Agreements also will be made to comply with applicable statutes and regulations. If changes are made, you will be notified.

Each Health Maintenance Organization and Preferred Provider Organization will provide you with a full description of coverage upon request. Contact the plan to obtain more detailed information about their benefits, policies, limitations and exclusions; a listing of hospitals, pharmacies and other providers who participate with the plan; and any specific health concern you may have for yourself or you eligible dependent(s). For further information about the Traditional/Indemnity Plan, refer to "Your Employee Benefits" handbook.

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