

# Dental Plan Highlights

Blue Cross Blue Shield Dental

| <b>General Provisions</b>    |  |
|------------------------------|--|
| Web Site Address             | <a href="http://www.bcbsm.com/bluedental">http://www.bcbsm.com/bluedental</a>  |
| Phone Number                 | 888-736-7794   |
| Find a Plan Dental Provider  | The Dental Provider Network is available by clicking on this link:<br><br><a href="http://www.bcbsm.com/bluedental">http://www.bcbsm.com/bluedental</a>  |
| Annual Plan Maximum          | \$1,850 per eligible person per plan year  |
| <b>Diagnostic/Preventive</b> |  |
| Oral Exam                    | In-Network: Covered, twice per plan year<br>Out-of-Network: Covered at the Maximum Payment, twice per year   |
| Cleaning                     | In-Network: Covered, twice per plan year<br>Out-of-Network: Covered at the Maximum Payment, twice per year   |
| Fluoride Treatment           | 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            | In-Network: Covered for eligible dependents to age 19<br>Out-of-Network: Covered at the Maximum Payment, for eligible dependents to age 19   |
| X-Rays (Radiographs)         | In-Network: Covered 100% - certain conditions apply<br>Out-of-Network: Covered 90% of the Maximum Payment - certain conditions apply   |
| Palliative Treatment         | In-Network: Covered 100% - certain conditions apply<br>Out-of-Network: Covered 100%- of the Maximum Payment - certain conditions apply   |
| <b>Restorative</b>           |  |
| Fillings                     | In-Network: Covered 100%<br>Out-of-Network: Covered at 90% of the Maximum Payment  |
| Single Crowns                | In-Network: Covered at 90% of the Maximum Payment<br>Out-of-Network: Covered at 90% of the Maximum Payment   |
| Root Canal                   | In-Network: Covered 100%<br>Out-of-Network: Covered at 90% of the Maximum Payment  |
| Gum Treatments               | In-Network: Covered 100%<br>Out-of-Network: Covered at 90% of the Maximum Payment  |
| <b>Oral Surgery</b>          |  |
| Extractions                  | In-Network: Covered 100%<br>Out-of-Network: Covered 90% of the Maximum Payment   |
| Major Oral Surgery           | In-Network: Covered 90%<br>Out-of-Network: Covered 90% of the Maximum Payment  |
| <b>Prosthetics</b>           |  |
| Bridgework                   | In-Network: Covered 70% - certain conditions apply<br>Out-of-Network: Covered 50% of the Maximum Payment   |
| Dentures                     | In-Network: Covered 70% - certain conditions apply<br>Out-of-Network: Covered 50% of the Maximum Payment   |
| <b>Prostodontics</b>         |  |
| Single Teeth Implant         | In-Network: Covered 70% - certain conditions apply<br>Out-of-Network: Covered 50% certain conditions apply   |

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| <b>Orthodontics</b>  |   |
|--|---|
| Full Course Treatment  | In-Network: Covered 60% for eligible dependents to age 19<br>Out-of-Network: Covered 50% of the Maximum Payment |
| Lifetime Maximum   | In-Network: \$2,200 per eligible dependent<br>Out-of-Network: \$2,200 per eligible dependent                    |
| <b>Emergency</b>   |   |
| Out of Area  | In-Network: Covered as shown above<br>Out-of-Network: Covered as shown above                                    |
| <b>Disclaimer</b>  |   |
| <p>The health care benefits summary is a summary of basic benefits of the coverage options which may be available to you. Benefits 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 simply with applicable statues and regulations. If changes are made, you will be notified.</p> <p>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 concerns you may have for yourself or you eligible dependent(s). For further information about the Traditional / Indemnity Plan refer to "Your Employee Benefits" handbook.</p> |   |