

## Dental



There are no plan or cost changes to your dental benefits or cost for the 2009 / 2010 plan year. Our plan allows you to seek treatment from the dentist of your choice.

Services	Amount You Pay
<b>Preventive Services</b>	Exams, cleanings, x-rays – 100%
<b>Deductible</b>	Applies to basic & major services only – \$50 Employee / \$150 Family
<b>Child Age Limit</b>	Until age 25
<b>Basic Services</b>	Fillings, simple extractions – 80%
<b>Major Services</b>	Crowns – 50%
<b>Annual Maximum</b>	\$1,500 / Calendar Year
<b>Orthodontics</b>	Covered at 50%
<b>- Lifetime Maximum</b>	\$1,500
<b>- Ortho Child Age Limit</b>	19 years old
<b>Sealants</b>	Preventive
<b>X-Rays</b>	Preventive
<b>Endodontics</b>	Basic
<b>Periodontics</b>	Basic
<b>Periodontal / Oral Surgery</b>	Basic
<b>Waiting Periods</b>	If member does not enroll during their initial open enrollment, they must wait until their next open enrollment.
<b>U&amp;C Percentile – Applies to Out-of-Network Claims</b>	90 <sup>th</sup> Percentile

This guide is a summary only. Please refer to your BlueCross BlueShield certificate booklet, which you will receive after enrolling for the coverage, for a complete description of BlueCross BlueShield's detailed benefit, exclusions and limitations information. To see if your dentist is a BlueCross BlueShield participating provider, please visit their website at [www.bcbstx.com](http://www.bcbstx.com)