

PBK Architects Inc. – Low Plan

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 70th
Benefit Period Maximum: Calendar Year	\$1,500	\$1,500
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Benefit Waiting Period	None	None
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	50%	50%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	50%	50%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	25%	25%

PPO

<p>Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia</p>	50%	50%
<p>Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification</p>	25%	25%
<p>Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess</p>	25%	25%
<p>Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure</p>	25%	25%
<p>Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants</p>	25%	25%
<p>Prosthetic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants</p>	25%	25%
<p>Miscellaneous Restorative and Prosthetic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments</p>	25%	25%
<p>Orthodontics Orthodontic Diagnostic Procedures and Treatment</p>	Not Covered	Not Covered

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

See a Contracting Provider	See a Non-Contracting Provider
<ul style="list-style-type: none"> Your out-of-pocket cost will generally be the least amount because BlueCare Providers 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 	<ul style="list-style-type: none"> Your out -of-pocket cost may be greater because Non Contracting Providers have not entered into a contract with BCBSTX to accept the Maximum Allowable In-Network Amount 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 Non-contracting provider reimbursement U&C 70th

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.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.

Monthly Rates January 1, 2020 - December 31, 2020

Tier	Monthly Rate
Single	\$20.49
Single + Spouse	\$40.43
Single + Child(ren)	\$39.58
Family	\$61.23