

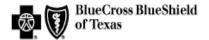
DENTAL BENEFIT HIGHLIGHTS Prepared for Southern Methodist University

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 Oral Examinations (2 exams per Calendar Year)	100%
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	900/
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	50%
Crowns, Inlays/Onlays Services	30 70
Prefabricated post and cores	
Recementation of crowns, inlays/onlays	
Crown repair	50%
Prosthodontic Services	30 /0
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
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Lifetime Deductible per Participant	\$1,800
Lifetime Maximum per Participant	

*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.