

**Blue Cross® and Blue Shield® of Texas\***  
**Dental Summary of Benefits Prepared for Bryan ISD**

**SILVER DENTAL PLAN**

TYPE OF SERVICE	BENEFIT
<b>GENERAL PROVISIONS</b> Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$25 Indiv/\$75 Family No \$750
<b>DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived)</b> Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Dental X-rays (subject to booklet provisions)	100%
<b>MISCELLANEOUS SERVICES</b> Sealants, Space Maintainers, Labs and Tests Palliative Care	80%
<b>RESTORATIVE SERVICES</b> Amalgams & Composites/Simple Extractions/ Pin Retention	80%
<b>GENERAL SERVICES</b> Anesthesia Stainless Steel Crowns	NA
<b>ENDODONTIC SERVICES</b> Root canal therapy/ Direct pulp cap/ Apicoectomy/ apexification/ Retrograde filling Root amputation/hemisection/ Therapeutic pulpotomy/ Gross pulpal debridement	NA
<b>PERIODONTAL SERVICES</b> Periodontal scaling and root planning/ Full mouth debridement/ Gingivectomy/gingivoplasty Gingival flap procedure/ Osseous surgery/ Osseous grafts/ Soft tissue grafts	NA
<b>ORAL SURGERY SERVICES</b> Surgical tooth extractions/ Alveoloplasty/ Vestibuloplasty	NA
<b>CROWNS, INLAYS/ONLAYS SERVICES</b> Prefabricated post and cores/ Recementation of crowns, inlays/onlays / Crown repair	NA
<b>PROSTHODONTIC SERVICES</b> Reline/Rebase / Bridges and dentures / Recementation and repair of bridges	NA
<b>ORTHODONTIC BENEFITS</b> Orthodontic Diagnostic Procedures and Treatment/ Available to Adults & Children Lifetime Maximum per Participant Lifetime Maximum per Participant	NA