

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

**PLATINUM 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	\$50 Indiv/\$150 Family Yes \$1,500
<b>DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived)</b> Oral Examinations (2 exams per benefit period) Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19) Dental X-rays	100%
<b>MISCELLANEOUS SERVICES</b> Sealants, Space Maintainers, Labs and Tests Palliative Care	100%
<b>RESTORATIVE SERVICES</b> Routine Fillings (amalgams and resins)	80%
<b>GENERAL SERVICES</b> Intravenous sedation Injection of antibiotic drugs Stainless Steel Crowns	80%
<b>ENDODONTIC SERVICES</b> Root Canals Direct pulp caps	80%
<b>PERIODONTAL SERVICES</b> Scaling and root planing Osseous surgery	80%
<b>ORAL SURGERY SERVICES</b> Simple/Surgical tooth extractions	50%
<b>CROWNS, INLAYS/ONLAYS SERVICES</b> Inlays, Onlays and Crowns (other than temporary crowns)	50%
<b>PROSTHODONTIC SERVICES</b> Bridges Full and partial dentures	50%
<b>ORTHODONTIC BENEFITS (no deductible)</b> Orthodontic Diagnostic Procedures and Treatment (Adult & Child) <i>Lifetime Maximum per Participant \$1,500</i>	Yes 50%
<b>TEMPOROMANDIBULAR JOINT (TMJ) BENEFITS (no deductible)</b> TMJ X-rays, Occlusal orthotic devise and limited Occlusal adjustment of teeth Lifetime Maximum per Participant	No NA NA