

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

GOLD Dental Plan

TYPE OF SERVICE	BENEFIT
GENERAL PROVISIONS Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$0 Indiv/\$0 Family Yes \$1,000
DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived) Oral Examinations (2 exams per benefit period) Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19) Dental X-rays	75%
MISCELLANEOUS SERVICES Sealants, Space Maintainers, Labs and Tests Palliative Care	75%
RESTORATIVE SERVICES Routine Fillings (amalgams and resins)	75%
GENERAL SERVICES Intravenous sedation Injection of antibiotic drugs Stainless Steel Crowns	75%
ENDODONTIC SERVICES Root Canals Direct pulp caps	75%
PERIODONTAL SERVICES Scaling and root planing Osseous surgery	75%
ORAL SURGERY SERVICES Simple/Surgical tooth extractions	75%
CROWNS, INLAYS/ONLAYS SERVICES Inlays, Onlays and Crowns (other than temporary crowns)	75%
PROSTHODONTIC SERVICES Bridges Full and partial dentures	75%
ORTHODONTIC BENEFITS (no deductible) Orthodontic Diagnostic Procedures and Treatment (Adult & Child) <i>Lifetime Maximum per Participant \$1,500</i>	Yes 50%
TEMPOROMANDIBULAR JOINT (TMJ) BENEFITS (no deductible) TMJ X-rays, Occlusal orthotic devise and limited Occlusal adjustment of teeth Lifetime Maximum per Participant	No NA NA