

Dental Outline of Coverage



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.™

*Dental
Indemnity*
USA



Blue Cross and Blue Shield of Texas
(herein called (BCBSTX, We, Us, Our))
Dental Indemnity Insurance Contract

REQUIRED OUTLINE OF COVERAGE

- A. **Read Your Contract Carefully.** This Outline of Coverage provides a very brief description of some important features of Your Contract. This is not the insurance Contract and only the actual Contract provisions will control. The Contract itself sets forth, in detail, the rights and obligations of both You, Your Dentist and BCBSTX. It is, therefore, important that You **READ YOUR CONTRACT CAREFULLY!**
- B. The Contract is designed to provide You with coverage for diagnostic and preventive care, as well as almost every form of specialty dental treatment.

[If You are applying for coverage in conjunction with an individual health contract and your application for health coverage has been denied, your application for coverage under this Contract will also be denied.]

- C. **BENEFITS** — After applying for coverage and being approved for the coverage, You will receive a Contract listing all the dental procedures covered under the Contract. There is a Coverage Schedule identifying the maximum allowable benefit a Participant can receive when a procedure is performed. The dollar amount assigned to each procedure is the maximum any Participant can receive, not to exceed actual charges. The Dentist files a standard claim form and payment is made either directly to the Dentist, if authorized by You on the claim form, or to You.
1. **Deductibles** — The Deductible is the dollar amount of Eligible Expenses that must be incurred by a Participant for which no benefits will be paid. The amounts applied to the Deductible are based on the benefit allowance shown in the attached the Coverage Schedule. The following Deductibles will apply:
 - a. A \$50 individual Deductible during each Calendar Year.
 - b. A \$150 family Deductible during each Calendar Year. The family Deductible can be satisfied by three or more family members. No one Participant will be allowed to contribute more than the individual Deductible amount.

The applicable Deductible does not apply to Diagnostic & Preventive or Orthodontics.

2. **Probationary Periods** — Each Participant must satisfy a 12-month Probationary Period as shown in the attached Coverage Schedule before receiving benefits for Eligible Expenses.
3. **Eligible Expenses** — After the applicable Deductibles, if any, are met, We will pay for Eligible Expenses incurred by a Participant. Expenses must be incurred by a Participant while the Contract is in force.

To be an Eligible Expense, the dental service must be performed by:

- a. A licensed Dentist acting within the scope of his or her license;
- b. A licensed Physician performing dental services within the scope of his or her license; or
- c. A licensed dental hygienist acting under the supervision and direction of a Dentist.

4. **Expenses Incurred** – An Eligible Expense is considered “incurred” on the earlier of the following dates:
 - a. On the date the final impression is taken for full and partial dentures.
 - b. On the date the teeth are first prepared for fixed bridges, crowns, inlays and onlays.
 - c. On the date the pulp chamber is opened for root canal therapy.
 - d. On the date surgery is performed for periodontal surgery.
 - e. On the date the appliance or bands are inserted or on the date a one step orthodontic procedure is performed for orthodontic services.
 - f. On the date the service is performed for all other services.
5. **Calendar Year Maximum Benefits** – The maximum dental benefits for all coverages, except orthodontic procedures, is \$1,000 per Participant each Calendar Year.
6. **Maximum Lifetime Benefits for Orthodontics** – There is a \$1,000 lifetime benefit maximum per Dependent child under nineteen (19) years of age.

D. **Limitations and Exclusions.**

1. ***Limitations***

- Replacement of prosthetic devices or dental restorations along with the addition of teeth to existing prosthetic devices will be covered:
 - Following the Participant’s continuous coverage under the Contract for the Probationary Period stated in the Coverage Schedule and after 5 years have lapsed since such prosthetic device or dental restoration was placed if the existing prosthetic device or dental restoration is unsatisfactory and cannot be made satisfactory.
 - Services which are necessary to make an appliance satisfactory will be provided in accordance with the terms of Your Contract.
- A crown or cast restoration is a covered benefit only when required for restorative reasons (decay or fracture) and only when the tooth cannot be restored with amalgam, silicate, or composite filing.
- “Personalized” restorations or specialized techniques will be paid at the level payable for standard procedures. and materials.
- Prophylaxis, periodic oral evaluations, and bitewing x-rays are limited to 2 per Calendar Year.
- Sealants for application to the occlusal surface of permanent first and second molars, which are free of decay and restorations, are covered for Participants under the age of 18. Coverage is limited to 1 sealant per tooth during the lifetime of the Participant.
- Fluoride treatments are covered for Participants under the age of 18 and are limited to one treatment per Calendar Year.
- Full-mouth x-rays and panoramic x-rays are limited to one each 36-month period.

- In all cases in which there are alternative methods of treatment carrying different treatment costs, payment will be made only for the least costly, professionally acceptable method of treatment. Any balance of the treatment cost remains Your responsibility.
- Orthodontic diagnostic procedures and treatment are covered only for eligible Dependent Children under the age of 19. Benefits, not to exceed the orthodontic lifetime maximum, will be divided into equal quarterly payments for the total months of active treatment, not to exceed 24 months.

2. *Expenses Not Covered*

- Services or supplies that are not dentally necessary.
- Any portion of a charge for any service in excess of the Scheduled Benefit.
- Procedures not listed on the Coverage Schedule.
- Services or supplies covered under a medical plan will not be duplicated under the Contract.
- Charges that would not be made if You did not have coverage or that You are not legally required to pay.
- Major services and orthodontic treatment rendered prior to a period of 12 months of continuous coverage under the Contract.
- Services or supplies that do not meet accepted standards of dental practice, including charges for services or supplies that are experimental or investigative in nature or are not approved by the American Dental Association.
- Cosmetic procedures unless necessary due to accidental injury while covered under the Contract, athletic mouth guards, over-dentures and related procedures, implants, and precision or semi-precision attachments.
- Education, training, or supplies for dietary or nutritional counseling, personal oral hygiene or plaque control.
- Charges for missed appointments, completion of forms, telephone consultations, or obtaining dental records.
- Any dental treatment started prior to the Participant's eligibility to receive benefits under this Contract, not completed by the end of the month in which coverage terminates, or started after a Participant's termination.
- Replacement of prosthetic devices, dental restorations, or orthodontic appliance due to theft, loss, or misplacement.
- Appliances, restorations, or special equipment used to increase vertical dimension, correct or determine proper occlusion (unless otherwise provided by the plan) or to correct Temporomandibular Joint (TMJ) Dysfunction or pain syndromes.
- Duplication of a prosthetic device, dental restoration, or dental appliance.
- Services or supplies provided for occupational illness or for injuries sustained in the course and scope of employment, whether or not they are covered by Workers' Compensation, Employee Injury Benefit Plan (EIBP) or similar state or federal programs.

- Services or supplies for which benefits are available under state or federal laws (except Medicaid).
- Services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries.
- Treatment performed by someone other than a dentist, except for x-rays, scaling and cleaning of teeth and topical fluoride applications when performed by a licensed dental hygienist under the guidance of a Dentist.

3. Termination of Coverage —

- A. The coverage of any Participant under the Contract will end on the earliest of the following dates:
- On the last day of the period for which premiums have been paid, subject to the grace period;
 - At the death of a Participant;
 - On the last day of any Contract Month in which a Participant no longer resides, lives, or works in an area for which We are authorized to do business;
 - On the last day of the Contract Month in which We receive a written request from You to cancel Your coverage or another Participant's coverage;
 - On the Contract Date for fraudulent or intentional misrepresentation of a material fact; or
 - On the last day of the Contract Month in which Your: (1) spouse ceases to be a dependent, or (2) children marry or reach age 25, or (3) disabled children are no longer disabled or dependent on You for more than one-half of their support.
 - On the date Your medical insurance coverage with BCBSTX cancels or terminated.
- B. We have the right to cancel this Contract after 90 days notice to You but only if We are canceling all Ind-Den-2 Contracts.

4. Premiums.

The initial premium submitted for the Contract is \$_____. Premiums are payable monthly or quarterly and are due and payable on the first day of the premium due date month.

The initial premium is required to place the insurance in force. There is no insurance unless the first month's premium is paid while all statements in all parts of the application remain correct.

A grace period of ten (10) days is provided to pay the premium after its due date (except for the initial premium). The Contract remains in force during the grace period. No benefits are payable for expenses incurred during the grace period or thereafter unless the premium is paid during the grace period.



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