

The following is a listing of common services available through your BlueCare Dental PPO network.  
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.  
This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

## BENEFIT HIGHLIGHTS – Tulsa Community College – Low Plan (MAC)

| <b>Program Basics</b>   | <b>Contracting<br/>Provider*<br/>Negotiated Amount</b> | <b>Contracting<br/>Provider*<br/>Negotiated Amount</b> |
|---|--|--|
| <b>Annual Maximum Benefit</b> (calendar year)   | \$1,000  | \$1,000  |
| <b>Deductible</b><br>Calendar Year Deductible   | \$50<br>3x Family                                      | \$50<br>3x Family                                      |
| <b>Services</b>   |  |  |
| <b>Diagnostic &amp; Preventive Services (Deductible Waived)</b><br>Oral Examinations (2 exams per Calendar Year)<br>Prophylaxis (2 cleanings per Calendar Year)<br>Fluoride Treatment (to age 19)<br>Dental X-rays (Subject to booklet provision) | 100%   | 100%   |
| <b>Miscellaneous Services</b><br>Sealants (to age 19)<br>Space Maintainers (to age 19)<br>Labs and Tests<br>Palliative Care   | 100%   | 100%   |
| <b>Restorative Services</b><br>Amalgams and Composites<br>Simple Extractions<br>Pin Retention   | 70%  | 70%  |
| <b>General Services</b><br>Anesthesia<br>Stainless Steel Crowns   | 70%  | 70%  |
| <b>Endodontic Services</b><br>Root canal therapy<br>Direct pulp cap<br>Apicoectomy/Apexification<br>Retrograde filling<br>Root amputation/hemisection<br>Therapeutic pulpotomy<br>Gross pulpal debridement  | 40%  | 40%  |
| <b>Periodontic Services</b><br>Periodontal scaling and root planning<br>Full mouth debridement<br>Gingivectomy/gingivoplasty<br>Gingival flap procedure<br>Osseous surgery and grafts<br>Soft tissue grafts                                       | 40%  | 40%  |
| <b>Oral Surgery Services</b><br>Surgical tooth extractions<br>Alveoloplasty<br>Vestibuloplasty  | 40%  | 40%  |
| <b>Crowns, Inlays / Onlays Services</b><br>Prefabricated post and cores<br>Recementation of crowns, inlays/onlays<br>Crown repair   | 40%  | 40%  |
| <b>Prosthodontic Services</b><br>Reline/Rebase<br>Bridges and dentures<br>Recementation and repair of bridges<br>Implants   | 40%  | 40%  |

\*Each time you need dental care, you can choose to:

| See a Contracting Dentist   | See a Non-Contracting Dentist   |
|---|---|
| <ul style="list-style-type: none"> <li>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</li> <li>You are not required to file claim forms</li> <li>You are not balance billed for costs exceeding the BCBSOK Allowable Amount for BlueCare Dentists</li> </ul> | <ul style="list-style-type: none"> <li>Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSOK to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses</li> <li>You are required to file claim forms</li> <li>You are balance billed for costs exceeding the BCBSOK Allowable Amount</li> </ul> |

### EMPLOYEE INFORMATION

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
  - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
  - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
  - 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 BCBSOK 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 BCBSOK in advance of treatment.