



City of Tulsa 197386 Low Plan

The following is a listing of common services available through your BlueCare Dental network. The member's share of the cost is determined by care being 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.

DENTAL BENEFIT HIGHLIGHTS

| Program Basics | Contracting Provider* Negotiated Amount | Non-Contracting Provider* 90th R&C |
|--|--|---|
| Maximum Per Participant | \$750 | \$750 |
| General Provisions | | |
| Calendar Year Deductible | \$0 0X Family | \$0 0X Family |
| Three-month Deductible carryover applies | No | No |
| Deductible Credit from prior carrier | No | No |
| BlueMax Advantage (Graduated maximum) | No | No |
| Takeover Credit | No | No |
| Services | | |
| Diagnostic Evaluations (Deductible Waived) | | |
| Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations | 100% | 100% |
| Preventive Services (Deductible Waived) | | |
| Prophylaxis (cleanings) Topical fluoride applications | 100% | 100% |
| Diagnostic Radiographs (Deductible Waived) | | |
| Full-mouth and panoramic films Bitewing films Periapical films | 100% | 100% |
| Miscellaneous Preventive Services (Deductible Waived) | | |
| Sealants Space Maintainers | 100% | 100% |
| Basic Restorative Dental Services | | |
| Amalgams Resin-based composite restorations | 80% | 80% |
| Non-Surgical Extractions | | |
| Removal of retained coronal remnants Removal of erupted tooth or exposed root | 80% | 80% |
| Non-Surgical Periodontal Services | | |
| Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures | 80% | 80% |
| Adjunctive Services | | |
| Palliative treatment (emergency) Deep sedation / general anesthesia | 80% | 80% |
| Endodontic Services | | |
| Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification | 80% | 80% |
| Oral Surgery Services | | |
| Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess | 80% | 80% |

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| Services (continued) | Contracting Provider* Negotiated Amount | Non-Contracting Provider* 90th R&C |
|--|--|---|
| Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures | 0% | 0% |
| Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants | 0% | 0% |
| Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants | 0% | 0% |
| Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments | 0% | 0% |
| Orthodontics Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Age Limitation Dependent Children eligible: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Age Limitation Lifetime Maximum per Participant | Not Covered | Not Covered |

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

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

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.
 - Retirees are not eligible for coverage.
 - 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.