Class C Major

Important things you should keep in mind about these benefits:

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet broadly accepted national standards of practice.
- The calendar year deductible is $0 if you use an in-network dentist.
- If you elect to use an out-of-network dentist, Standard Option has a $75 deductible per person; High Option has a $50 deductible per person. Neither option contains a family deductible; each enrolled covered person must satisfy their own deductible.
- There is no High Option Annual Benefit Maximum for non-orthodontic in-network services, and $3,000 for out-of-network services.
- The Standard Option Annual Benefit Maximum for non-orthodontic services is $1,500 for in-network services and $750 for out-of-network services. In no instance will BCBS FEP Dental allow more than $1,500 in combined benefits under Standard Option in any plan year.
- If more than one service or procedure can be used to treat the dental condition, we reserve the right to authorize an alternate, less costly covered service as deemed by a dental professional to be appropriate and to meet broadly accepted national standards of dental practice. If you and your dentist choose the more costly treatment instead of the alternate benefit, you are responsible for the additional charges beyond the plan allowance for the alternate service. All services related to the more costly treatment will subsequently not be allowed.
- Pre-treatment estimates are not mandatory. However, we do recommend that your dentist submits a pre-treatment estimate if you are considering major or extensive dental care. Pre-treatment estimates should include a comprehensive treatment plan and necessary supporting documentation such as, chart notes, radiographic images, and photos. Benefits may be alternated to a less costly procedure that meets broadly accepted national standards of dental practice. All services related to the more costly treatment will subsequently not be allowed. We will provide a non-binding, explanation of benefits to both you and your dentist that will indicate if procedures are covered and an estimate of what we will pay for those specific services. The estimated plan allowance is based on your current eligibility and benefits in effect at the time of the pre-treatment estimate. Submission of other claims or changes in eligibility or benefit may alter final payment. A pretreatment estimate is not a guarantee of benefits.
- All services requiring more than one visit are payable once all visits are completed.
- In-progress treatment for dependents of retiring TDP enrollees will be covered for the 2027 plan year. This is regardless of any current plan exclusions for care initiated prior to the enrollee's

effective date.

- The following is an all-inclusive list of covered services.

You Pay:

High Option

- **In-Network:** No deductible; you pay 50% of the plan allowance for covered services as defined by the plan, subject to plan maximums. For children age 13 and under you pay $0 for covered services as defined by the plan, subject to plan maximums.
- **Out-of-Network:** $50 deductible; you pay 60% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.

Standard Option

- **In-Network:** No deductible; you pay 65% of the plan allowance for covered services as defined by the plan, subject to plan maximums. For children age 13 and under, you pay $0 for covered services as defined by the plan, subject to plan maximums.
- **Out-of-Network:** $75 deductible; you pay 80% of the plan allowance for covered services as defined by the plan, subject to plan maximums and any difference between our allowance and the billed amount.