Schedule of Benefits

*Blue Dental*SM

Plan Design For: **Systemtec, Inc.**

Plan Option: **Select Plan – Option 2**

Endodontics, Periodontics and Oral Surgery in Major Class III

Effective Date: **July 1, 2018**

In order to receive In-Network benefits, all services must be provided by a BlueChoice HealthPlan Participating Provider.

Predetermination of Benefits

Except in an emergency, you should discuss fees with your Provider before treatment begins. If you or a covered member of your family need dental treatment that the Provider estimates will cost [$300] or more, you should ask that predetermination of Benefits be filed with the Corporation. By doing this, both you and the Provider will know in advance how much your dental Plan will pay for the course of treatment recommended.

BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS
Deductible per Benefit Period Applies to Basic Care and Major Restorative Care		
Per Member	Does Not Apply	$50
Per Family	Does Not Apply	$150
Maximum Payment per Benefit Period Applies to Out-of-Network Preventive Care, Basic Care and Major Restorative Care		
Per Member	$1,000	
Lifetime Benefit Maximum Applies to Orthodontic Care		
Per Member	$1,000	

Waiting Period

When the Employer contribution is less than 50% of the Employee premium, there is a 12-month waiting period on Major and Orthodontic services for Members who did not have prior dental coverage with this Employer.

BlueChoice HealthPlan
South Carolina

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BENEFITS	In-Network MEMBER PAYS	Out-of-Network MEMBER PAYS (Member must pay balance of Provider's Charge)
Preventive Care	0%	0%
Basic Care	0%	20%
Major Restorative Care	40%	50%
Orthodontic Care (Includes Adult Orthodontics)	50%	50%

Limitations	♦ Cleaning, scaling and polishing of teeth – twice per Benefit Period ♦ Oral Exams – twice per Benefit Period ♦ X-Rays Bitewing – once per Benefit Period Full mouth or Panoramic – once every three years ♦ Fluoride treatment – twice per Benefit Period ♦ Periodontal cleanings – once every three months after initial periodontal treatment is documented. ♦ Removable dentures, complete and partial, and bridges, fixed and removable – Benefits for replacement shall not be provided for (a) any denture replacement inlay, crown or onlays made less than five years after a placement or replacement which was covered under this coverage or (b) any replacement made necessary by reason of loss or theft ♦ Relining or rebasing of removable dentures – once every three years