Date

Signature

Plan Design For: Ralph Hayes Toyota Plan Option: Open Access Plan - Option 1 Endodontics, Periodontics and Oral Surgery in Basic Class II Effective Date: January 1, 2020

| The following Benefit Summary is only a brief, non-legal outline of the benefits offered. Benefits Highlights | | | |
|---|---|--|--|
| | | | |
| Class I – Preventive | 100% | 100% | |
| Class II - Basic | 80% | 80% | |
| Class III – Major | 50% | 50% | |
| Deductible (Only applies to Basic and M | Major Services) | - | |
| Single | \$50 | | |
| Family | \$150 | | |
| Annual Maximum | \$1,000 per member per benefit year | | |
| * The Participating Dental Agreement (PDA) Fee is a neg **Out-of-network reimbursement is based on the 90 th per | centile of charges of usual and o | customary rates. | |
| Serv | vices Covered | | |
| Class I - Preventive Services | | | |
| Full Mouth X-Ray (1 / every 3 benefit years) Bitewing X-Rays (1 / benefit year) Space Maintainers for dependents under age 19 In-Network Preventive Serv Class II – Basic Services Fillings Anterior Fillings - tooth-colored synthetic materials Posterior Fillings - amalgam material Periodontal Cleanings Pulp Capping Root Canal Therapy (1 / lifetime / tooth) General Anesthesia Simple Extractions Oral Surgery | Sealants for depend Pulp Vitality Test | nnual Maximum e Gingivoplasty ïssue | |
| Class III – Major Services Inlays (1 / 5 years) Crowns (1 / 5 years) Onlays (1 / 5 years) Removable Dentures - complete and partial Complete Dentures - relining or rebasing of removable dentures (1 / lifetime) | (1/3 years) | relining or rebasing of removable dentures d removable (1 / 5 years) air | |

Blue Dental SM Plan Features

To ensure all employees have access to the Blue Dental SM portfolio, employers can contribute between 0% to a100% of the employee's premium.

Flexible Choices for you and your family

With your Blue Dental SM benefit, you have the freedom to choose a provider when you receive treatment. You do not have to choose a primary dentist ahead of time. You don't need referrals for specialty care. You also do not have to visit the same dentist as your eligible dependents.

Do I need an ID card?

When you go to the dentist, present your ID card to make sure the dentist applies your benefits correctly. Your dentist can easily verify your coverage by calling the customer service numbers on the back of your ID card.

Why would I want to go to an In-Network Dentist?

With BlueCross Dental benefits, you receive benefits whether or not you and your eligible dependents visit an In-Network Dentist. When you visit an In-Network Dentist, you will usually pay lower out-of-pocket cost when you choose a Blue Dental SM In-Network Dentist.

Locating an In-Network Dentist

- > Visit www.SouthCarolinaBlues.com
- > Go to the Find a Doctor on the right of the webpage and click on Get Started
- > Click on Browse Providers
- > Click on Search Dentist
- > Under Find a Dentist select how you would like to search for a Dentist

Will I have to file my own claim?

In-Network Dentists will file the claim directly to BlueCross. With Out-of-Network Dentists, you may need to file the claim directly to BlueCross. In that case, you can get a claim form from:

- > Your Human Resource department or
- > Go to our website: www.SouthCarolinaBlues.com
 - Select Members
 - Select File a Claim under Find Forms and Documents
 - Select Dental Please look at the back of your ID Card to see if your claims are filed in Greenville or Columbia.

How do I get an estimate of coverage before treatment?

We recommend you have your Dentist submit a request for a pre-treatment estimate for services in excess of \$300. This often applies to Major Services. When your dentist suggests treatment, have your provider send an undated claim form along with the proposed treatment plan to BlueCross. We will send a pre-treatment estimate to you and your dentist detailing what services your plan will cover and how much it will pay.



SouthCarolinaBlues.com

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| Coverage Tier | Rates |
|------------------------|----------|
| Individual | \$31.49 |
| Family | \$106.78 |
| Employee Plus Children | \$74.32 |
| Employee Plus Spouse | \$71.19 |

| Signature | Date |
|-----------|------|