



## FEATURES OF YOUR DENTAL INSURANCE

### PLAN HIGHLIGHTS

<b>Calendar Year Deductible</b>	\$75 per Covered Person \$225 per Family
<b>Dental Percentage Payable</b> (Based on Usual and Reasonable Allowances)	
Preventive – (Class A Services)	100% Deductible Waived
Basic – (Class B Services)	80% after Deductible
Major – (Class C Services)	50% after Deductible only eligible with 12 months of previous
Orthodontia – (Class D Services)	50% after Deductible Orthodontics are limited to dependent children under the age of 19
<b>Maximum Benefit Amount</b>	
Preventive, Basic & Major Services	\$1,800 per person per Calendar Year
Orthodontia	\$1,800 Lifetime Maximum per Person

Note: This is a brief summary of benefits. Please refer to your plan documents for a full description of benefits. Should there be a discrepancy between this document and the plan documents, the plan



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