

Plan Design For: Associations Block
Plan Option: Group Select PPO Plan 2

Endodontics, Periodontics and Oral Surgery in the Basic Class II
Effective Date: January 1, 2026

Signature

Date

The following Benefit Summary is only a brief, non-legal outline of the benefits offered.

Benefits Highlights		
	In-Network*	Out-of-Network**
Class I - Preventive	100%	80%
Class II - Basic	80%	60%
Class III - Major	50%	40%
Class IV - Orthodontia	50%	50%
Deductible (Only applies to Out-of-Network Basic and Major Services)		
Single	Does Not Apply	\$50
Family	Does Not Apply	\$150
Annual Maximum	\$1,000 per member per benefit year	
Orthodontia Lifetime Maximum	\$1,000 per dependent per lifetime	

* The Participating Dental Agreement (PDA) Fee is a negotiated arrangement with network providers.

** Out-of-network reimbursement is based on the 90th percentile of charges of usual and customary rates.

Services Covered	
Class I - Preventive Services	
• Exams and Cleanings (2 / benefit year) • Full Mouth X-Ray (1 / every 3 benefit years) • Bitewing X-Rays (1 / benefit year) • Space Maintainers for dependents under age 19 (1 / lifetime / tooth)	• Emergency Treatment for Pain • Fluoride for dependents under age 19 (2 / benefit year) • Sealants for dependents age 6 through 15 (1 / lifetime / tooth) • Pulp Vitality Test and Diagnostic Casts
<i>In-Network Preventive Services do not apply to the Annual Maximum</i>	
Class II - Basic Services	
• Fillings (tooth-colored synthetic or amalgam materials) • Periodontal Cleanings • Pulp Capping • Root Canal Therapy (1 / lifetime / tooth) • General Anesthesia • Simple Extractions • Oral Surgery	• Hemisection • Apicoectomy • Gingival Curettage • Gingivectomy and Gingivoplasty • Osseous Surgery • Biopsies of Oral Tissue • Repair of Removable Dentures
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)	• Partial Dentures - relining or rebasing of removable dentures (1 / 3 years) • Bridges - fixed and removable (1 / 5 years) • Fixed Bridge Repair • Implants (1 / lifetime / tooth)
Class IV - Orthodontia (Dependents Under age 19)	
• Correction of Dysfunctional Malocclusion - including diagnosis, models and radiographs	• Active Treatment - including necessary appliances • Retention following Active Treatment

Blue Dental SM Plan Features

To ensure all employees have access to the Blue Dental SM, comprehensive dental networks and In-Network advantages like no deductible for any services and preventive services that do not accumulate to the member's annual maximum.

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
- > Select Members at the top of the webpage - www.SouthCarolinaBlues.com
- > Click on Find a 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:

- > Go to our website: www.SouthCarolinaBlues.com.
 - Select Members
 - Select File a Claim under Find Forms and Documents
 - Select Dental and choose the Dental Services Claim form.
 - Either mail the claim to the address on the form
BlueCross BlueShield of South Carolina
Attn: AX-D05
PO Box 100300
Columbia, SC 29202
 - Or fax the form to **1-803-264-7629**

If you have Questions, who can you go too?

- > Call Customer Service using the number on the back of your ID card or **1-800-222-7156**
- > Our log into My Health Toolkit on www.SouthCarolinaBlues.com and send a question directly in the via the site.

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.

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Coverage Tier	Rates
Individual	\$25.62
Family	\$90.31
Employee Plus Children	\$68.03
Employee Plus Spouse	\$52.49

Rates include 10% commission.

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