

WASTE CONNECTIONS US, INC

The following is a listing of common services available through your BlueCare Dental network.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider**
Maximum Per Participant	\$2,000
General Provisions Plan Year Deductible	\$50 Individual \$150 Family
Three-month Deductible carryover applies	No
Deductible Credit from prior carrier	No
Services	
Diagnostic Evaluations (Deductible does not apply) Periodic Oral Evaluations, for established patients Problem Focused Oral Evaluation (limited, detailed or extensive) (no limitation) Comprehensive Oral Evaluations for new or established patients. (2 every 12 months, combined maximum) Comprehensive Periodontal Evaluations, for new or established patients Oral Evaluations for children	100%
Preventive Services (Deductible does not apply) Prophylaxis (2 cleanings every 12 months in combination with Periodontal Maintenance) Fluoride Treatment (up to age 19; 2 per every 12 months)	100%
Diagnostic Radiographs (Deductible does not apply) Dental X-rays (Subject to booklet provision) Full Mouth / Panoramic X-rays (1 time per 36 months.) Bitewing X-ray Series (1 time every 12 months) Periapical X-rays (1 time every 12 months)	100%
Miscellaneous Preventive Services (Deductible applies) Sealants (up to age 16, permanent molars, 1 time per lifetime) Space Maintainers (up to age 19)	80%
(*) Annual Deductible applies to these categories indicated.	
*Basic Restorative Dental Services Amalgam Restorations (limited to 1 per tooth surface every 24 months) Resin-based Composite Restorations (limited to 1 per tooth surface every 12 months)	80%
*Non-Surgical extractions Simple Extractions – Removal of Retained Coronal Remnants & Removal of Erupted Tooth or Exposed Root	80%
*Non-Surgical Periodontal Services Periodontal Scaling and Root Planning (1 time per quadrant every 24 months) Full Mouth Debridement (1 time every 12 months) Periodontal Maintenance (2 times every 12 months in combination with routine oral prophylaxis)	80%
*Adjunctive Services Palliative treatment (emergency) Deep sedation, General Anesthesia	80%
*Endodontic Services Therapeutic Pulpotomy/ Pulpal debridement Root Canal Therapy Apicoectomy / Apexification Retrograde filling / Root amputation / Hemisection	80%



*Oral Surgery Services Surgical Tooth Extractions Alveoloplasty / Vestibuloplasty Tumor / Cyst Removal Bone Tissue Removal	80%
Incision and Drainage of an intraoral abscess *Surgical Periodontal Services	
Gingivectomy / Gingivoplasty (1 time per quadrant every 24 months) Gingival Flap Procedure (1 time per quadrant every 24 months) Clinical Crown lengthening Osseous Surgery / Osseous grafts (1 time per quadrant / site every 24 months) Soft tissue grafts / allografts (one per site every 24 months) Distal or proximal wedge procedure Anatomical crown exposures (one per quadrant every 24 months)	80%
*Major Restorative Services	
Single Crown Restorations (1 per tooth every 8 years) Gold Foil and Inlays/Onlays Restorations (1 per tooth every 8 years) Labial Veneer Restorations (1 per tooth every 8 years) Crowns placed over Implants (1 per tooth every 8 years)	50%
*Prosthodontic Services	
Complete and Removable Partial Dentures (1 time per 60-month period) Denture Reline/Rebase (1 time every 36 months /must not be performed within six months of denture placement) Fixed Bridgework (once every 8 years) Prosthetics placed over Implants Implants)	50%
*Miscellaneous Restorative and Prosthodontic Services	
Prefabricated Crowns / Stainless Steel & Resin (Permanent Teeth limited to; 1 time per tooth every 8 years) Recementation of Inlays / Onlays / Crowns / Dentures / Bridges / Post & Core (limited to 2 every 12 months, considered part of initial placement if provided within 6 months) Post & Core, Pin Retention, and Crowns & Bridge Repairs Pulp Cap – direct & indirect Denture Adjustments (3 times per appliance every 12 months) Repairs of Inlays / Onlays / Veneers / Crowns / Fixed or Removable Dentures / Clasp (limited to once per lifetime per tooth or clasp)	50%
Orthodontics	
Deductible Waived Orthodontic Diagnostic Procedures and Treatment: Adults eligible: ☑ No ☐ Yes If yes age limitation: Dependent Children eligible: ☐ No ☑ Yes If yes age limitation: 19 Lifetime Maximum per Participant	50% \$1,000
Insured: Coordination of Benefits (COB): ☐ Birthday rule applies (standard)	
ASO: Coordination of Benefits (COB): ☑ Birthday rule (standard) ☐ Gender rule Non-duplication of benefits (COB): ☐ Yes (all benefits combined not to exceed benefits of this program)	
Claim filing time limit: ☑ Within 365 days of the date of service (standard) ☐ End of the year following the year of service ☐ Two years from the date of service ☐ Other (explain in additional provisions section below)	



Additional Provisions: Changes from standard to non-standard benefits (with CBSR / AdHoc approval). Account Structure changes, i.e., new group & section numbers. Also, indicate renewal benefit changes and the effective date of that change.

Diagnostic and Preventive Class I

- 1. Oral Evaluations/Exam two (2) exams, per person per Plan Year.
- 2. Prophylaxis (cleaning), including Periodontal Maintenance (following active therapy) limited to two (2) per Plan Year.
- 3. Fluorides up to age 12; limited to two (2), per Plan Year.
- 4. Bitewing X-rays one (1) per six (6) month period.
- 5. Screening of a patient covered as a Diagnostic Benefit.

Miscellaneous Services Class II

- 6. Sealants up to age 19, posterior teeth, limited to 1 treatment per tooth every 24 months.
- 7. Space Maintainers with no age limitation, covered.
- 8. Palliative treatments covered.

Restorative Services Class II

- 9. Amalgam Fillings **no limitations**.
- 10. Composite/Resin Fillings no limitations.
- 11. Adjustments to Complete Denture covered if more than 6 months after installation; 1 time in 36 months.

General Services Class II

12. Analgesic covered.

Periodontal Services Class II

- 13. Periodontal Scaling and Root Planing Entire Mouth no limitation.
- Gingivectomy limited to one in 36 months.
- 15. Osseous Surgery 1 in 36-month period.
- 16. Gingival flap procedure 1 per 24-month period.
- 17. Guided Tissue Regeneration 1 in 36-month period.

Crowns, Inlays/Onlays Class III

18. Crowns, Inlays/Onlays and Veneers - replacements within 5 years after the date of original placement.

Prosthodontic Services Class III

- 19. Bridges, partials and dentures replacements within 5 years after the date of original placement.
- **20.** Implants **no limitations.**
- 21. Recement of Bridge no limitations.

Additional Provisions

- Extension of Benefits 3 calendars months.
 - An expense incurred in connection with a Dental Service that is completed after a person's benefits cease will be deemed to be incurred
 while insured if:
 - o for a crown, inlay or onlay, the tooth is prepared while the patient is insured and the crown, inlay or onlay installed within 3 calendar months after their insurance ceases.
 - for root canal therapy, the pulp chamber of the tooth is opened while the patient is insured and the treatment is completed within 3 calendar months after their insurance ceases.
- There is no extension for any Dental Service not shown above.

Effective 6/1/2020, D7240 & D7241 are only covered under the dental plan.

Effective 6/1/2022, Plan Year Benefit Maximum changing from \$1,500 to \$2,000.

☐ BlueMax Advantage – Available only for 151+	
Graduated Dental Benefit Maximum: \$Graduated Benefit Start Date:	
Number of Increments:	



In-Network Increment Amount: \$				
Out-of-Network Increment Amount: \$				
Transfer in (Talances Condit). M Na D Van de and amina	halan Tanadamad In			
Transfer-in (Takeover Credit): ⊠ No □ Yes: \$ and services	being Transferred-In:			
All other benefits will begin on the first day of coverage. This excluse Any participant who becomes effective on the discare contract by the Employer. Any participant who has been continuously cover	eth that were missing prior to the effective date of the dental contract.			
☐ Enhanced Dental Benefit Available only for 151+				
Medical Conditions ☐ Cardiovascular Disease ☐ Diabetes ☐ Pregnancy				
Type of Service (check services that will apply) ☐ 100% Benefit Scaling & Root Planing ☐ 100% Benefit Office Exam ☐ 100% Benefit Periodontal Maintenance Cleaning				
Additional Benefits (applies only to Pregnancy) ☐ Additional Routine Cleaning ☐ Additional Periodontal Maintenance Cleaning				
Benefit Waiting Period − ☑ NO or ☐YES (the information be NOTE: IF A BENEFIT WAITING PERIOD APPLIES; WAITING PERIOD V GROUPS. Member must be continuously covered under this policy for [xx] mo ☐ Non-Surgical Periodontal Services ☐ Surgical Periodontal Services ☐ Major Restorative Services ☐ Prosthodontic Services ☐ Miscellaneous Restorative and Prosthodontic Services ☐ Orthodontic Services	NAIVED FOR EXISTING GROUP DENTAL PLANS AND/OR TRANSFERS			
**Each time you need dental care; you can choose to:				
See a Contracting Provider	See a Non-Contracting Provider			
Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists	Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses You are required to file claim forms You are balance billed for costs exceeding the BCBSTX Allowable Amount			

EMPLOYEE INFORMATION

Out of Network Reimbursement - 90th R&C

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Retirees are not eligible for coverage.
 - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
 - Open enrollment employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.



Group Executive Name and Title (Please type or print)	Signature	Date
Agent of Record Name (Please print or type)	Signature	Date
BCBSTX Representative Name (Please print or type)	Signature	 Date