

SONIC HEALTH PLAN

DENTAL BENEFIT SUMMARY

	Blue Cross Blue Shield of Oklahoma <i>Option 1a</i>	
	Participating Dentist	Out-of-Network
DEDUCTIBLE	None	
▪ Diagnostic and Preventive Services	\$50 per Subscriber per Calendar Year	
▪ Primary Services	\$200 per Subscriber per Calendar Year	
▪ Prosthetic and Complex Restorative Services	No more than three (3) covered Subscribers must satisfy their Deductibles in one Calendar Year	
FAMILY DEDUCTIBLE	\$1000 per Subscriber per Benefit Period	
MAXIMUM		
WAITING PERIOD	None	
▪ Diagnostic and Preventive Services	6 Months	
▪ Primary Services	<i>Does not apply to palliative emergency treatment of dental pain</i>	
▪ Prosthetic and Complex Restorative Services	12 Months	
BENEFIT PERCENTAGE AMOUNT		
▪ Diagnostic and Preventive Services	100%	80%
▪ Primary Services	80%	60%
▪ Prosthetic and Complex Restorative Services	50%	30%

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DIAGNOSTIC AND PREVENTIVE SERVICES		
<ul style="list-style-type: none"> ▪ Oral examination and evaluation, limited two examinations per Benefit Period. 		
<ul style="list-style-type: none"> ▪ Prophylaxis (cleaning, scaling, and polishing of teeth), limited to two time per Benefit Period. <ul style="list-style-type: none"> - Dental X-rays - Bitewing x-rays as required - One full-mouth or panoramic x-ray every 60 months 		
<ul style="list-style-type: none"> ▪ Topical Fluoride application for Subscribers under age of 19, limited to two times per Benefit Period. 		
<ul style="list-style-type: none"> ▪ Space maintainers for Subscribers under age 19. 		
<ul style="list-style-type: none"> ▪ Sealants for permanent first and second molars free from caries and restorations on the occlusal surfaces for Subscribers under age 19, limited to one application per tooth every 60 months 		
PRIMARY SERVICES		
<ul style="list-style-type: none"> ▪ Maintenance services, limited to: <ul style="list-style-type: none"> - Palliative emergency treatment and emergency oral examinations not including permanent restorations or services. Palliative treatment and definitive treatment cannot be performed on the same tooth on the same date of service. - Amalgam and composite fillings. - Procedures to prevent and treat disease of the dental pulp and gums. - Repair of full or partial removable dentures. - Removing of crowns, inlays and bridges. - Stainless steel crowns for primary teeth only. - Visits by a Dentist to your home when Medically Necessary to give Covered Dental Service. 		
<ul style="list-style-type: none"> ▪ Oral surgical services, limited to: <ul style="list-style-type: none"> - Simple extractions - Surgical removal of teeth and maxillary or mandibular intrabony cysts, and preparing the mouth for dentures. - Surgical removal of the apex of the tooth root. - Removal of a root of a multi-rooted tooth and its related crown position, or a root resection. - IV sedation of general anesthesia when Medically Necessary and administered in connection with a Covered Dental Service; general anesthesia is covered only if performed by an individual licensed to administer general anesthesia. 		
<ul style="list-style-type: none"> ▪ Diagnosis and treatment of gum disease, limited to: <ul style="list-style-type: none"> - Removal of gum tissue around the necks of teeth and the recontouring of gum tissue. - Removal of diseased gum tissue - Surgery performed on the alveolar bone, including flap entry and closure. - Positioning of gum tissue surrounding teeth. - Periodontal scaling of gum tissue and root planing, limited to one treatment per quadrant per Benefit Period. 		

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PROSTHETIC AND COMPLEX RESTORATIVE SERVICES		
<ul style="list-style-type: none"> ▪ Complex Restorative Services <ul style="list-style-type: none"> - Inlays (not part of bridge), limited to once every 60 months. - Onlays (not part of bridge), limited to once every 60 months. - Crowns (not part of bridge.) Benefits will not be provided for the replacement of a defective or lost crown inserted after the Subscriber's Effective Date until 60 months have elapsed. - Veneers or similar properties of crowns and bridges placed on or replacing the 10 upper and 10 lower front teeth. 		
<ul style="list-style-type: none"> ▪ Dentures and Bridges <ul style="list-style-type: none"> - Full and partial dentures and fixed bridges. - Benefits will not be provided for any appliance replacement inserted after the Subscriber's Effective Date until 60 months have elapsed. - Benefits are limited to standard procedures and are not for personalized restorations, specialized techniques in constructing full or partial dentures or fixed bridges or replacement of appliances that can be made serviceable. 		
<ul style="list-style-type: none"> ▪ Denture Adjustments, Relining and Rebasing <ul style="list-style-type: none"> - Benefits for denture adjustments, relining and rebasing will be provided only if done more than six months after initial denture placement. Relining or rebasing is limited to once every 36 months. 		
<ul style="list-style-type: none"> ▪ Fixed Bridge Repairs. 		