

DENTAL

STANDARD OPTION

If you are enrolled in Standard Option, the services covered under dental benefits are paid according to a fee schedule of allowances. The fee schedule allowance is not intended to be payment in full, but a benefit to offset the provider's charge. Please note that the allowance for family members under the age of 13 is higher than that for members 13 and older.

Your Plan contracts with Preferred dentists who are available in most areas. Preferred dentists agree to accept a negotiated, discounted amount called the Maximum Allowable Charge (MAC) as payment in full for covered dental services. This means that you are responsible only for the difference between the fee schedule allowance and the MAC.

MAC (Maximum Allowable Charge)--The MAC may be updated periodically and is subject to change. This MAC has been agreed to by Preferred dentists in our Plan's service area. If you are residing in one area and you receive services of a Preferred dentist in another area, please call the local Blue Cross and Blue Shield Plan serving that area for additional information. Call (402) 390-1879 or, toll-free, 1-800-223-5584 (your Plan's Customer Service number goes here) for more information about Preferred dentist's and the MAC.

If you receive care from a dentist who is not a member of the Preferred dental network, your benefits will not change. However, you will be responsible for the difference between the MAC and the dentist's charge.

If you have any questions about a charge, ask your Preferred network dentist, or call us at 402-390-1879, or toll free at 1-800-223-5584.

Special Note Regarding Oral Surgery--Oral surgery and removal of impacted teeth are usually considered medical services and are not included in the dental fee schedule. These are covered under Surgical Benefits, as described in the 2005 Service Benefit Plan brochure. You should refer to your 2005 Service Benefit Plan brochure (RI 71-005) for benefit information.

STANDARD OPTION DENTAL BENEFITS FEE SCHEDULE AND MAXIMUM ALLOWABLE CHARGES

ADA Code	Dental Service	FEP Fee Scheduled Amount up to Age 13	FEP Fee Scheduled Amount Age 13 and Over	MAC
120	Periodic oral evaluation	\$ 12	\$ 8	\$ 21
140	Limited oral evaluation	14	9	30
150	Comprehensive oral evaluation	14	9	30
160	Detailed and extensive oral evaluation	14	9	41
210	Intraoral--complete series	36	22	65
220	Intraoral--periapical--first film	7	5	11
230	Intraoral--periapical--each additional film	4	3	11
240	Intraoral--occlusal film	12	7	17
250	Extraoral--first film	16	10	21
260	Extraoral--each additional film	6	4	11
270	Bitewing--single film	9	6	11
272	Bitewings--two films	14	9	21
274	Bitewings--four films	19	12	29
277	Bitewings--vertical	12	7	54

ADA Code	Dental Service	FEP Fee Scheduled Amount up to Age 13	FEP Fee Scheduled Amount Age 13 and Over	MAC
330	Panoramic film	36	23	54
460	Pulp vitality tests	11	7	27
9110	Palliative (emergency) treatment of dental pain--minor procedure	24	15	47
2940	Sedative filling	24	15	52
1110	Prophylaxis--adult*	--	16	40
1120	Prophylaxis--child*	22	14	29
1201	Topical application of fluoride (including prophylaxis)--child*	35	22	37
1203	Topical application of fluoride (prophylaxis not included)--child	13	8	18
1204	Topical application of fluoride (prophylaxis not included)--adult	---	8	18
1205	Topical application of fluoride (including prophylaxis)--adult*	---	24	44
1510	Space maintainer--fixed--unilateral	94	59	139
1515	Space maintainer--fixed--bilateral	139	87	312
1520	Space maintainer--removable--unilateral	94	59	274
1525	Space maintainer--removable--bilateral	139	87	156
1550	Recementation of space maintainer	22	14	35
2140	Amalgam--one surface, permanent	25	16	55
2150	Amalgam--two surfaces, permanent	37	23	70
2160	Amalgam--three surfaces, permanent	50	31	84
2161	Amalgam--four or more surfaces, permanent	56	35	102
2330	Resin--one surface, anterior	25	16	63
2331	Resin--two surfaces, anterior	37	23	83
2332	Resin--three surfaces, anterior	50	31	108
2335	Resin--four or more surfaces or involving incisal angle (anterior)	56	35	117
2391	Resin--based composite, one surface, posterior	\$ 25	\$ 16	\$ 81
2392	Resin--based composite, two surfaces, posterior	37	23	115
2393	Resin--based composite, three surfaces, posterior	50	31	145
2394	Resin--based composite, four or more surfaces, posterior	50	31	171
2510	Inlay--metallic--one surface	25	16	219
2520	Inlay--metallic--two surfaces	37	23	388
2530	Inlay--metallic--three or more surfaces	50	31	481
2610	Inlay--porcelain/ceramic--one surface	25	16	257
2620	Inlay--porcelain/ceramic--two surfaces	37	23	413
2630	Inlay--porcelain/ceramic--three or more surfaces	50	31	434
2650	Inlay--composite/resin--one surface	25	16	196
2651	Inlay--composite/resin--two surfaces	37	23	289
2652	Inlay--composite/resin--three or more surfaces	50	31	430

ADA Code	Dental Service	FEP Fee Scheduled Amount up to Age 13	FEP Fee Scheduled Amount Age 13 and Over	MAC
2951	Pin Retention--per tooth, in addition to restoration	13	8	25
7140	Extraction, erupted tooth or exposed root	30	19	69
7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	43	27	134
7250	Surgical removal of residual tooth roots (cutting procedure)	71	45	137
9220	General Anesthesia in connection with covered extractions	43	27	253

*Limited to two per person per calendar year

Not Covered--Any service not specifically listed above.

Fee Schedule Amount--The amount Standard Option pays toward a covered dental service.

MAC (Maximum Allowable Charge)--The maximum amount Preferred network dentists will charge you for a covered dental service. This MAC may be updated periodically and is subject to change. This MAC schedule has been agreed to by Preferred network dentists in your Plan's service area. If you are residing in one area and use the services of a Preferred network dentist in another area, please call the local Blue Cross and Blue Shield Plan serving that area for a copy of the appropriate MAC schedule. Call (402) 390-1879 or, toll-free, 1-800-223-5584 for more information about Preferred network dentists and the MAC.

When you use a Preferred network dentist, you pay the difference between the FEP fee schedule amount and the MAC (Maximum Allowable Charge).

DENTAL

BASIC OPTION

If you are enrolled in Basic Option, you must seek care from a Preferred dentist.

Your share of health care costs is limited to a fixed copayment, with no deductible, and **you must receive care from a Preferred physician to receive benefits.**

If you receive care from a dentist who is not a member of the Preferred dental network, you will not receive benefits.

Special note regarding oral surgery.

Oral surgery and removal of impacted teeth are usually considered medical services. You must seek care from a Preferred provider for the services. These are covered under Surgical Benefits, as described in the 2005 Service Benefit Plan brochure. You should refer to your 2005 Service Benefit Plan brochure (RI 71-005) for benefit information.

BASIC OPTION DENTAL BENEFITS

Basic Option Dental Benefits	Basic Option Only	
Service and ADA Code	We Pay	You pay
<p align="center">Clinical Oral Evaluations</p> <p>0120 Periodic oral evaluation 0140 Limited oral evaluation 0150 Comprehensive oral evaluation Note: Benefits are limited to a combined total of 2 evaluations per person per calendar year for 0120 and 0150.</p>	<p>Preferred: All charges in excess of your \$20 copayment.</p> <p>Participating/Non-participating: Nothing</p>	<p>Preferred: \$20 copayment per evaluation.</p> <p>Participating/Non-participating: You pay all charges.</p>
<p align="center">Radiographs</p> <p>0210 Intraoral-complete series including bitewings (limited to 1 complete series every 3 years). 0270 Bitewing-single film 0272 Bitewings-two films 0274 Bitewings-four films Note: Benefits are limited to a combined total of 4 films per person per calendar year for 0270, 0272, and 0274.</p>		
<p align="center">Preventive</p> <p>1110 Prophylaxis-adult (up to 2 per calendar year) 1120 Prophylaxis-child (up to 2 per calendar year) 1201 Topical application of fluoride (including prophylaxis)-child (up to 2 per calendar year) 1203 Topical application of fluoride (prophylaxis not included)-child (up to 2 per calendar year) 1351 Sealant-per tooth, first and second molars only (once per tooth for children up to age 16 only) Note: Benefits are limited to a combined total of 2 visits per person per calendar year for 1120 and 1201.</p>		
<p>Not Covered: Any service not specifically listed above.</p>	Nothing	All charges

Under Basic Option, we provide benefits for the services listed above. You pay a \$20 copayment for each evaluation, and we pay any balances in full. This is a complete list of dental services covered under this benefit for Basic Option. You must use a Preferred dentist in order to receive benefits.