

Chevron Phillips Chemical Company LP

Effective: 1/1/2025

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

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

Summary of Dental Benefits		
PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist UCR 80 th *
Benefit Period Maximum: Calendar Year	\$2,000 (Per Person)	\$2,000 (Per Person)
Deductible: Calendar Year	\$50 - Individual \$150 - Max for Family	\$50 - Individual \$150 - Max for Family
Three Month Deductible Carryover Applies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Prior Carrier Deductible Credit Applies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COVERED SERVICES	*Reimburses based on UCR (Usual and Customary) rates. Determined by the 80 th percentile of what dentists in the area bill for the service.	
Class 1: Preventive Services <i>(Deductible does not apply)</i> Periodic Oral Evaluations Problem Focused Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays Full-Mouth, Pano, Bitewing, Periapical Sealants Topical Fluoride Space maintainers	100%	100%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Non-surgical Extractions Perio Maintenance Full Mouth Debridement Scaling & Root Planning Repairs – Crown & Bridge Palliative Treatment (emergency care to relieve pain) Oral Surgery & Surgical Extractions Endodontics (root canal – non-molars) Major Periodontics	80%	80%
Class 3: Major Restorative Services Bridges & Dentures Endodontics (root canal – molars) Occlusal guards Implants: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Crowns, Inlays, Onlays Denture Reline/Rebase Deep Sedation/General Anesthesia	50%	50%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults & Dependent Children (to age 26)	50%	50%
Lifetime Maximum Ortho Benefit per Participant	\$2,000	\$2,000

Benefit Limitations & Frequencies:

Oral Evaluations	2 per year
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 36 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 17
Sealants (per tooth)	1 per 36 months up to age 15
Space Maintainers	1 per lifetime up to age 17
Denture Reline/Rebase	1 per 36 months
Perio Maintenance	2 per year
Occlusal Guards	1 per 36 months

Included Plan Features:

Missing Tooth Provision - includes coverage for replacement of a tooth/teeth which was missing prior to your effective date under this policy.

Enhanced Dental Benefit - participants diagnosed and receiving active medical care for cardiovascular disease, diabetes, asthma or pregnancy qualify for one of the following enhanced dental benefits after standard benefits are exhausted. One additional cleaning, periodontal scaling and root planning or periodontal maintenance. Enhanced benefit services will apply towards your individual annual maximum.

Predetermination of benefits is recommended, but not required, for services in excess of \$300.

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.