

# The Dental Plan

The following chart shows the services covered under the two dental plan options.

	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
<b>General Information</b>		
BCBSTX network	BlueCare Dental Network	BlueCare Dental Network
Deductible	\$ 50/Employee-Only \$100/Employee + Spouse \$150/Employee + Child(ren) \$150/Employee + Family	None
Plan year maximum	\$2,000/person	None
<i>For the following treatments and services, the dental plan options pay:</i>		
<b>Covered Services</b>		
Diagnostic and preventive care	100%	100%
Basic services*	80%	Not covered
Major services*	50%	Not covered
Orthodontia		
– Adults	50%	Not covered
– Children	50%	Not covered
– Lifetime maximum	\$2,000	Not covered

\* Benefits are paid after the deductible is met. For details on covered treatments and services, please refer to the Dental Plan Summary Plan Description at [www.mycpchembenefits.com](http://www.mycpchembenefits.com).