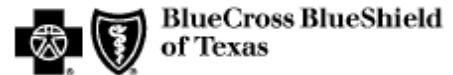


Dental Schedule of Coverage



The Deductibles, Coinsurance, and Annual Maximum below are subject to change as permitted by applicable law.

BlueCare DentalSM
DTXHM11

| Covered Services | Dental Benefits |
|---|-------------------------------|
| Diagnostic Evaluations <i>(deductible waived)</i> | 100% |
| Preventive Services <i>(deductible waived)</i> | 100% |
| Diagnostic Radiographs <i>(deductible waived)</i> | 100% |
| Miscellaneous Preventive Services <i>(deductible waived)</i> | 100% |
| Basic Restorative Services | 80% |
| Non-Surgical Extractions | Not Covered |
| Non-Surgical Periodontal Services | Not Covered |
| Adjunctive Services | Not Covered |
| Endodontic Services | Not Covered |
| Oral Surgery Services | Not Covered |
| Surgical Periodontal Services | Not Covered |
| Major Restorative Services | Not Covered |
| Prosthodontic Services | Not Covered |
| Miscellaneous Restorative and Prosthodontic Services | Not Covered |
| Implants | Not Covered |
| Orthodontia | Not Covered |
| Deductible | \$25 individual / \$75 family |
| Annual Maximum | \$750 |

All benefits are based upon the Allowable Amount, which is the amount determined by BCBSTX as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses.