

# Dental Coverage Summary

R.C. Molding, Inc.



**BlueCross BlueShield  
of South Carolina**

## AGENT:

Resource Equity Group

P. O. Box 5556, Greenville, SC 29606

800-527-1397; 864-235-9999; Fax 864-242-0698; [www.regrouppusa.com](http://www.regrouppusa.com)

Preventive services are not subject to a deductible. Basic and Major services are subject to a combined \$50 per year deductible per person. Expenses are covered to a combined calendar year benefit maximum of \$2,000 per person

You may go to any dentist for full coverage.

## Preventive Care:

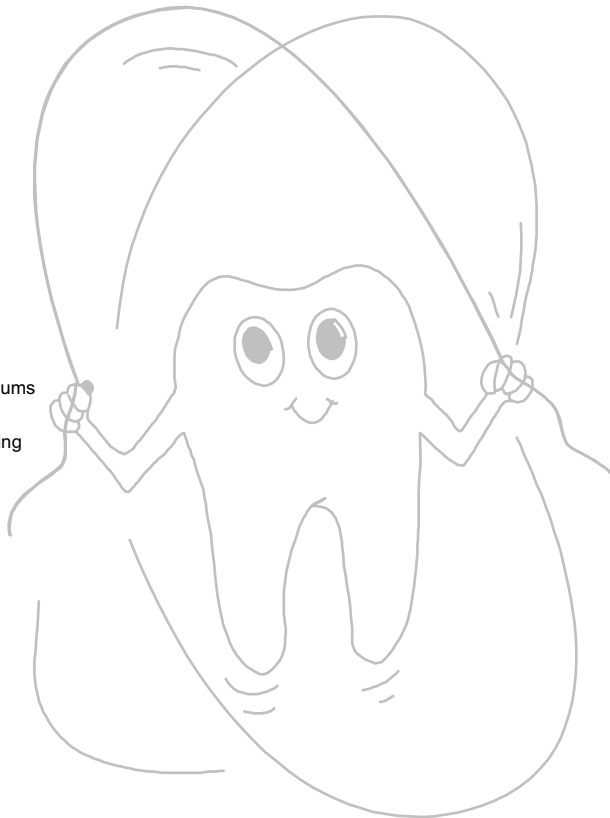
- >Checkups
- >Cleanings
- >Fluoride treatments
- >Space maintainers
- >Emergency treatment for pain
- >Xrays, lab tests, and other diagnostic exams

## Restorative Care:

- >Simple & surgical teeth removal
- >Oral surgery
- >Anesthesia
- >Fillings
- >Treatments involving the bones, tissues and gums surrounding and supporting a tooth
- >Treatments involving the roots of teeth, including root canal treatments

## Major Restorative Care:

- >Crowns
- >Bridges
- >Dentures
- >Other treatment for missing teeth
- >Inlays
- >Dentures and bridge repairs



## Plan Pays (Maximum Allowable)

**100%**  
(no deductible)

**80%**  
combined \$50 per year deductible

**50%**  
combined \$50 per year deductible

There is a six month waiting period for Major Restorative Care benefits. We'll waive any part of the six month waiting period that employees have already met under a previous dental plan if it has been in effect for at least six months.

This is a general summary. For a complete description, please refer to your Dental Benefits Booklet. Some additional restrictions and/or exclusions apply.