

Blue Cross® and Blue Shield® of Texas*
Dental Summary of Benefits Prepared for Genesis Energy, Inc.

TYPE OF SERVICE	BENEFIT
GENERAL PROVISIONS Calendar Year Deductible (4th quarter carryover applies) Deductible Credit from Prior Carrier Calendar Year Maximum per Participant	\$50 Indiv/\$100 Family Yes \$2,000
DIAGNOSTIC AND PREVENTIVE CARE BENEFITS (deductible waived) Oral Examinations (2 exams per benefit period) Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19) Dental X-rays	100%
MISCELLANEOUS SERVICES Sealants, Space Maintainers, Labs and Tests Palliative Care	100%
RESTORATIVE SERVICES Routine Fillings (amalgams and resins)	80%
GENERAL SERVICES Intravenous sedation Injection of antibiotic drugs Stainless Steel Crowns	80%
ENDODONTIC SERVICES Root Canals Direct pulp caps	80%
PERIODONTAL SERVICES Scaling and root planing Osseous surgery	80%
ORAL SURGERY SERVICES Simple/Surgical tooth extractions	80%
CROWNS, INLAYS/ONLAYS SERVICES Inlays, Onlays and Crowns (other than temporary crowns)	70%
PROSTHODONTIC SERVICES Bridges Full and partial dentures	70%
ORTHODONTIC BENEFITS (no deductible) Orthodontic Diagnostic Procedures and Treatment (Child up to age 19) Lifetime Maximum per Participant	Yes 100% \$2,500
TEMPOROMANDIBULAR JOINT (TMJ) BENEFITS	No

- This is a general Summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Retirees are / are not eligible for coverage.
 - Employees may enroll dependent children up to age 5 on the first of the month following application with no late enrollment penalty.
 - Open enrollment – employees and/or dependents not presently covered may enroll for dental 30 days prior to the anniversary date.
- A preexisting condition exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. This exclusion will not apply to:
 - Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
 - Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
- When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.

Please note that our dental is a “freestanding” product and can be purchased separately from the health product, i.e., an employee can have only himself covered for health, but have dental for the family and vice versa.