



An Independent Licensee of the Blue Cross and Blue Shield Association

BlueDental DHMO – High Option Description of Benefits and Member Copayments

ADA Code	Description	Member Copayment
DIAGNOSTIC/PREVENTIVE		
D9439	Office visit	0
D0120	Periodic oral eval. - established patient	0
D0140	Limited oral eval. - problem-focused	0
D0145	Oral eval. for a patient under 3 years of age	0
D0150	Comprehensive oral eval. - new or established patient	0
D0160	Detailed and extensive oral eval. - problem-focused	0
D0170	Re-evaluation - limited, problem-focused	0
D0180	Comp. periodontal eval. - new or established patient	20
D0210	Intraoral - complete series (including bitewings)	15
D0220	Intraoral - periapical first radiographic image	0
D0230	Intraoral - periapical each add. radiographic image	0
D0240	Intraoral - occlusal radiographic image	0
D0250	Extra-oral - 2D projection radiographic image	0
D0270	Bitewing - single radiographic image	0
D0272	Bitewings - two radiographic images	0
D0273	Bitewings - three radiographic images	0
D0274	Bitewings - four radiographic images	0
D0277	Vertical bitewings - seven to eight radiographic images	0
D0330	Panoramic radiographic image	10
D0340	2D cephalometric radiographic image	0
D0350	2D oral/facial photographic images (intraoral/extraoral)	0
D0431	Adjunctive pre-diagnostic	40
D0460	Pulp vitality tests	0
D0470	Diagnostic casts	0
D1110	Prophylaxis (cleaning) - adult	0
D1110*	Extra cleaning for diabetics and expectant mothers	40
D1120	Prophylaxis (cleaning) - child	0
D1206	Topical fluoride varnish for mod-/high-risk caries patients	0
D1208	Topical application of fluoride	0
D1310	Nutritional counseling for control of dental disease	0
D1320	Tobacco counseling for control and prev. of oral disease	0
D1330	Oral hygiene instructions	0

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ADA Code	Description	Member Copayment
D1351	Sealant - per tooth	15
SPACE MAINTAINERS		
D1510	Space maintainer - fixed - unilateral	147
D1515	Space maintainer - fixed - bilateral	171
D1520	Space maintainer - removable - unilateral	173
D1525	Space maintainer - removable - bilateral	200
D1550	Re-cementation of space maintainer	23
D1555	Removal of fixed space maintainer, by non-originating dentist	12
D1575	Distal shoe space maintainer - fixed - unilateral	147
RESTORATIVE DENTISTRY (FILLINGS)		
AMALGAM RESTORATIONS (SILVER)		
D2140	Amalgam - one surface, prim. or perm.	15
D2150	Amalgam - two surfaces, prim. or perm.	20
D2160	Amalgam - three surfaces, prim. or perm.	25
D2161	Amalgam –greater than or equal to four surfaces, prim. or perm.	30
COMPOSITE RESTORATIONS (TOOTH COLORED)		
D2330	Resin-based composite - one surface, anterior	25
D2331	Resin-based composite - two surfaces, anterior	30
D2332	Resin-based composite - three surfaces, anterior	40
D2335	Resin-based composite - greater than or equal to four surfaces, anterior	75
CROWN & BRIDGE*		
D2390	Resin-based composite crown, anterior	83
D2391	Resin-based composite - one surface, posterior	50
D2392	Resin-based composite - two surfaces, posterior	65
D2393	Resin-based composite - three surfaces, posterior	80
D2394	Resin-based composite - greater than or equal to four surfaces, posterior	85
D2510	Inlay- metallic - one surface	275
D2520	Inlay- metallic - two surfaces	292
D2530	Inlay - metallic - three or more surfaces	314
D2542	Onlay - metallic - two surfaces	655
D2543	Onlay - metallic - three surfaces	673
D2544	Onlay - metallic - four or more surfaces	650
D2610	Inlay - porcelain/ceramic - one surface	378
D2620	Inlay - porcelain/ceramic - two surfaces	399
D2630	Inlay - porcelain/ceramic - greater than or equal to three surfaces	423
D2642	Onlay - porcelain/ceramic - two surfaces	412
D2643	Onlay - porcelain/ceramic - three surfaces	444
D2644	Onlay - porcelain/ceramic - greater than or equal to four surfaces	472
D2650	Inlay - resin-based composite - one surface	248
D2651	Inlay - resin-based composite - two surfaces	289

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ADA Code	Description	Member Copayment
D2652	Inlay - resin-based composite - greater than or equal to three surfaces	310
D2662	Onlay - resin-based composite - two surfaces	283
D2663	Onlay - resin-based composite - three surfaces	319
D2664	Onlay - resin-based composite - greater than or equal to four surfaces	340
D2710	Crown - resin-based composite (indirect)	250
D2712	Crown - 3/4 resin-based composite (indirect)	202
D2720	Crown - resin with high noble metal	443
D2721	Crown - resin with predominantly base metal	450
D2722	Crown - resin with noble metal	429
D2740	Crown - porcelain/ceramic substrate	510
D2750	Crown - porcelain fused to high noble metal	500
D2751	Crown - porcelain fused to predominantly base metal	488
D2752	Crown - porcelain fused to noble metal	499
D2780	Crown - 3/4 cast high noble metal	500
D2781	Crown - 3/4 cast predominantly base metal	494
D2782	Crown - 3/4 cast noble metal	506
D2783	Crown - 3/4 porcelain/ceramic	510
D2790	Crown - full cast high noble metal	500
D2791	Crown - full cast predominately base metal	493
D2792	Crown - full cast noble metal	506
D2794	Crown - titanium	517
D2799	Provisional crown	79
D2910	Recement inlay	32
D2920	Recement crown	32
D2930	Prefab. stainless steel crown - prim. tooth	105
D2931	Prefab. stainless steel crown - perm. tooth	72
D2932	Prefabricated resin crown	143
D2933	Prefab. stainless steel crown w/ resin window	132
D2934	Prefab. aesthetic coated primary tooth	165
D2940	Protective restoration	24
D2950	Core buildup, including any pins	75
D2951	Pin retention - per tooth, in addition to restoration	26
D2952	Cast post and core in addition to crown	160
D2954	Prefab. post and core in addition to crown	131
D2955	Post removal (not in conj. with endo. therapy)	81
D2960	Labial veneer (resin laminate) - chairside	341
D2961	Labial veneer (resin laminate) - lab	600
D2962	Labial veneer porcelain laminate) - lab	675
D2980	Crown repair, by report	124

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ADA Code	Description	Member Copayment
ENDODONTICS¹		
D3110	Pulp cap - direct (excl. final restoration)	16
D3120	Pulp cap - indirect (excl. final restoration)	16
D3220	Therapeutic pulpotomy (excl. final restoration)	69
D3221	Pulpal debridement, prim. and perm. teeth	66
D3310	Endodontic therapy, anterior tooth	250
D3320	Endodontic therapy, bicuspid tooth	310
D3330	Endodontic therapy, molar	432
D3331	Treatment of root canal obstr. non-surgical	139
D3332	Incomp. endo. therapy-inop. or fractured tooth	124
D3333	Internal root repair of perforation defects	139
D3346	Retreat of prev. root canal therapy, anterior	369
D3347	Retreat of prev. root canal therapy, bicuspid	402
D3348	Retreat of prev. root canal therapy, molar	507
D3351	Apexification/recalcification - initial visit	99
D3352	Apexification/recalcification - interim med. repl.	99
D3353	Apexification/recalcification - final visit	99
D3410	Apicoectomy - anterior	297
D3421	Apicoectomy - bicuspid (first root)	326
D3425	Apicoectomy - molar (first root)	358
D3426	Apicoectomy/periradicular surgery (each add. root)	162
D3430	Retrograde filling - per root	90
D3450	Root amputation - per root	107
D3920	Hemisection, not inc. root canal therapy	99
PERIODONTICS¹		
D4210	Gingivectomy or gingivoplasty – greater than three cont. teeth, per quad.	248
D4211	Gingivectomy or gingivoplasty – less than or equal to three teeth, per quad.	127
D4240	Gingival flap proc., inc. root planing – reater than three cont. teeth, per quad	294
D4241	Gingival flap proc, inc. root planing – less than or equal to cont. teeth, per quad	169
D4249	Clinical crown lengthening - hard tissue	321
D4260	Osseous surgery – greater than three cont. teeth, per quad	426
D4261	Osseous surgery – less than or equal to three cont. teeth, per quad	265
D4263	Bone replacement graft - First site in quadrant	319
D4264	Bone replacement graft - Each additional site in quadrant	248
D4266	Guided tissue regen. - resorb. barrier, per site	418
D4274	Mesial/distal or proximal wedge procedure, single tooth	225
D4320	Provisional splinting - intracoronal	83
D4321	Provisional splinting - extracoronal	88

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D4341	Perio scaling and root planing – greater than three cont teeth, per quad.	105
D4342	Perio scaling and root planing – less than or equal to three teeth, per quad	62
ADA Code	Description	Member Copayment
D4346	Scaling in presence of generalized moderate or severe gingival inflammation	39
D4355	Full-mouth debridement	77
D4381	Localized delivery of chemotherapeutic agents	53
D4910	Periodontal maintenance	69
PROSTHETICS (DENTURES)		
D5110	Complete denture - maxillary	650
D5120	Complete denture - mandibular	650
D5130	Immediate denture - maxillary	679
D5140	Immediate denture - mandibular	679
D5211	Maxillary partial denture - resin base	549
D5212	Mandibular partial denture - resin base	549
D5213	Maxillary partial denture - cast metal	624
D5214	Mandibular partial denture - cast metal	624
D5221	Immediate maxillary partial denture - resin base	520
D5222	Immediate mandibular partial denture - resin base	520
D5223	Immediate maxillary partial denture - cast metal	586
D5224	Immediate mandibular partial denture - cast metal	586
D5225	Maxillary partial denture - flexible base	586
D5226	Mandibular partial denture - flexible base	586
D5281	Rem. unilateral partial denture - one piece cast metal	371
D5410	Adjust complete denture - maxillary	36
D5411	Adjust complete denture - mandibular	36
D5421	Adjust partial denture - maxillary	36
D5422	Adjust partial denture - mandibular	36
D5511	Repair broken complete denture base, mandibular	58
D5512	Repair broken complete denture base, maxillary	58
D5520	Replace missing or broken teeth - complete denture	58
D5611	Repair resin partial denture base, mandibular	58
D5612	Repair resin partial denture base, maxillary	58
D5621	Repair cast partial framework, mandibular	58
D5622	Repair cast partial framework, maxillary	58
D5630	Repair or replace broken clasp	58
D5640	Replace broken teeth - per tooth	58
D5650	Add tooth to existing partial denture	58
D5660	Add clasp to existing partial denture	58
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	406
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	406

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D5710	Rebase complete maxillary denture	190
D5711	Rebase complete mandibular denture	190
ADA Code	Description	Member Copayment
D5720	Rebase maxillary partial denture	190
D5721	Rebase mandibular partial denture	190
D5730	Reline complete maxillary denture (chairside)	129
D5731	Reline complete mandibular denture (chairside)	129
D5740	Reline maxillary partial denture (chairside)	129
D5741	Reline mandibular partial denture (chairside)	129
D5750	Reline complete maxillary denture (lab)	204
D5751	Reline complete mandibular denture (lab)	204
D5760	Reline maxillary partial denture (lab)	204
D5761	Reline mandibular partial denture (lab)	204
D5810	Interim complete denture - maxillary	318
D5811	Interim complete denture - mandibular	318
D5820	Interim partial denture - maxillary	321
D5821	Interim partial denture - mandibular	321
D5850	Tissue conditioning - maxillary	23
D5851	Tissue conditioning - mandibular	23
BRIDGE & PONTICS*		
D6010	Surgical placement of implant body – endosteal	1115
D6056	Prefabricated abutment	435
D6057	Custom fabricated abutment	462
D6058	Abutment supported porcelain/ceramic crown	639
D6059	Abutment supported porcelain fused to metal crown - high noble metal	605
D6060	Abutment supported porcelain fused to metal crown - predominantly based metal	607
D6061	Abutment supported porcelain fused to metal crown - noble metal	641
D6062	Abutment supported cast metal crown - high noble metal	611
D6063	Abutment supported cast metal crown - predominantly based metal	550
D6064	Abutment supported cast metal crown - noble metal	601
D6065	Implant supported porcelain/ceramic crown	625
D6066	Implant supported porcelain fused to metal crown - titanium, titanium alloy, high noble metal	663
D6067	Implant supported metal crown - titanium, titanium alloy, high noble metal	707
D6068	Abutment supported retainer for porc./ceramic	642
D6069	Abutment supp. retainer for porc./high noble	630
D6070	Abutment supp. retainer for porc./pred. base	615
D6071	Abutment supp. retainer for porc./noble	589
D6072	Abutment supp. retainer for cast high noble	569
D6073	Abutment supp. retainer for cast high noble	496

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D6074	Abutment supp. retainer for cast noble metal	532
D6075	Implant supported retainer for ceramic FPD	594
ADA Code	Description	Member Copayment
D6076	Implant supported retainer for porc./metal FPD	650
D6077	Implant supported retainer for cast metal FPD	564
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	62
D6096	Remove broken retaining screw	135
D6210	Pontic - cast high noble metal	501
D6211	Pontic - cast predominately base metal	481
D6212	Pontic - cast noble metal	491
D6240	Pontic - porcelain fused to high noble metal	519
D6241	Pontic - porcelain fused to predominately base metal	492
D6242	Pontic - porcelain fused to noble metal	506
D6245	Pontic - porcelain/ceramic	505
D6250	Pontic - resin with high noble metal	545
D6251	Pontic - resin with predominately base metal	528
D6252	Pontic - resin with noble metal	545
D6545	Ret. - cast metal for resin bonded fixed prosthesis	308
D6548	Ret. - porc./ceramic for resin bonded fixed prosthesis	167
D6549	Resin retainer - for resin bonded fixed prosthesis	626
D6600	Inlay - porc./ceramic, two surfaces	302
D6601	Inlay - porc./ceramic, greater than or equal to three surfaces	314
D6602	Inlay - cast high noble metal, two surfaces	500
D6603	Inlay - cast high noble metal, greater than or equal to three surfaces	517
D6604	Inlay - cast predominantly base metal, two surfaces	437
D6605	Inlay - cast predominantly base metal, greater than or equal to three surfaces	448
D6606	Inlay - cast noble metal, two surfaces	465
D6607	Inlay - cast noble metal, greater than or equal to three surfaces	478
D6608	Onlay -porc./ceramic, two surfaces	345
D6609	Onlay - porc./ceramic, three or more surfaces	355
D6610	Onlay - cast high noble metal, two surfaces	495
D6611	Onlay - cast high noble metal, greater than or equal to three surfaces	517
D6612	Onlay - cast predominantly base metal, two surfaces	437
D6613	Onlay - cast predominantly base metal, greater than or equal to three surfaces	448
D6614	Onlay - cast noble metal, two surfaces	465
D6615	Onlay - cast noble metal, greater than or equal to three surfaces	487
D6720	Crown - resin with high noble metal	308

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D6721	Crown - resin with predominantly base metal	410
D6722	Crown - resin with noble metal	308
D6740	Crown - porcelain/ceramic	539
D6750	Crown - porcelain fused to high noble metal	526
ADA Code	Description	Member Copayment
D6751	Crown - porcelain fused to predominately base metal	494
D6752	Crown - porcelain fused to noble metal	506
D6780	Crown - 3/4 cast high noble metal	526
D6781	Crown - 3/4 cast predominantly base metal	494
D6782	Crown - 3/4 cast noble metal	506
D6783	Crown - 3/4 porc./ceramic	528
D6790	Crown - full cast high noble metal	526
D6791	Crown - full cast predominately base metal	494
D6792	Crown - full cast noble metal	506
D6920	Connector bar	77
D6930	Recement fixed partial denture	60
D6940	Stress breaker	96
D6950	Precision attachment	220
D6980	Fixed partial denture repair, by report	99
ORAL SURGERY¹		
D7111	Extraction, coronal remnants - deciduous tooth	37
D7140	Extraction, erupted tooth or exposed root	45
D7210	Surg. removal of Extraction, erupted tooth req. elev., etc.	85
D7220	Removal of impacted tooth - soft tissue	97
D7230	Removal of impacted tooth - partially bony	128
D7240	Removal of impacted tooth - completely bony	169
D7241	Removal of imp. tooth - completely bony, with unusual surg. complications	204
D7250	Surgical Removal of residual tooth roots	116
D7251	Coronectomy - intentional partial tooth removal	204
D7270	Tooth reimplant./stabiliz. of acc. evulsed/displaced tooth	133
D7280	Surgical access exposure of an unerupted tooth	137
D7286	Biopsy of oral tissue - soft (all others)	121
D7310	Alveoloplasty in conj. w/ extractions, greater than or equal to four per quad.	100
D7311	Alveoloplasty in conj. w/ extractions, one to three per quad.	75
D7320	Alveoloplasty not in conj. w/ extractions, greater than or equal to four per quad.	145
D7321	Alveoloplasty not in conj. w/ extractions, one to three per quad.	99
D7471	Removal of lateral exostosis	357
D7510	Incision and drainage of abscess - intraoral soft tissue	80
D7960	Frenulectomy (frenectomy/frenotomy) - separate proc.	115

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D7979	Non-surgical sialolithotomy	20
ORTHODONTICS		
INVISALIGN – 15% Discount		
D8050	Interceptive ortho. treatment of the primary dentition	3010
D8060	Interceptive ortho. treatment - transitional dentition	3010
D8070	Comp. ortho. treatment - transitional dentition	3515
ADA Code	Description	Member Copayment
D8080	Comp. ortho. treatment - adolescent dentition	3852
D8090	Comp. ortho. treatment - adult dentition	4049
D8660	Pre-orthodontic treatment visit	77
D8670	Periodic ortho. treatment visit (as part of contract)	135
D8680	Orthodontic retainer (rem. of appl./placement of retainer(s))	314
D8999	Unspecified orthodontic procedure, by report	218
D9110	Palliative (emergency) treatment of dental pain	20
D9210	Local anesthesia not in conj. w/ operative/surg. procedures	17
D9211	Regional block anesthesia	24
D9212	Trigeminal division block anesthesia	48
D9215	Local anesthesia in conj. w/ operative/surg. procedures	17
D9222	Deep sedation/general anesthesia - first 15 minutes	90
D9223	Deep sedation/general anesthesia - each 15-minute increment	90
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	34
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes	90
D9243	Intravenous moderate (conscious) sedation/analgesia - each additional 15-minute increment	90
D9310	Consultation (diagnostic service by nontreating dentist)	15
D9440	Office visit after regularly scheduled hours	47
D9450	Case pres., detailed/ext. treatment planning	0
D9940	Occlusal guard, by report	223
D9951	Occlusal adjustment - limited	50
D9952	Occlusal adjustment - complete	206
D9972	External bleaching - per arch	165
D9973	External bleaching - per tooth	66
D9995	Teledentistry - synchronous; real-time encounter	20
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	20

¹ As performed by a Participating General Dentist. See Plan Exclusion #13 for additional details.

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BCBSAZ Standard Exclusions and Limitations

Plan Limitations

1. Two (2) evaluations are covered per calendar year, including a maximum of one (1) comprehensive evaluation.
2. One (1) problem-focused exam is covered per calendar year.
3. Two (2) teeth cleanings (prophylaxis) are covered per calendar year. (One additional cleaning is covered during pregnancy and for diabetic patients.); Preventive Reward: Primary subscriber will receive a \$20 payment from BCBSAZ for each family member that receives two cleanings during the plan year from a participating PPO network dentist. Contact your Benefit Administrator for details.
4. One (1) topical fluoride or fluoride varnish is covered per calendar year.
5. Two (2) bitewing X-rays are covered per calendar year.
6. One (1) set of full-mouth X-rays or panoramic film is covered every three (3) years.
7. One (1) sealant or preventative resin restoration per tooth is covered per lifetime, up to age 16 (limited to permanent 1st and 2nd molars).
8. Replacement of a filling is covered if it is more than two (2) years from the date of original placement.
9. Replacement of a bridge, crown, or denture is covered if it is more than seven (7) years from the date of original placement.
10. Crown and bridge fees apply to treatment involving five or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
11. Relining and rebasing of dentures is covered once every 24 months.
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
13. Root planing or scaling is covered once every 24 months per quadrant.
14. Scaling in presence of generalized moderate or severe gingival inflammation — full mouth, after oral evaluation and in lieu of a covered D1110/D1120, limited to once per two (2) years.
15. Full-mouth debridement is covered once per lifetime.
16. Procedure Code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of twelve (12) teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater.
17. Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
18. Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.
19. Coronectomy - intentional partial tooth removal, once per lifetime.
20. Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review (when available).

Plan Exclusions

1. Services that are covered under Medicare, workers' compensation or employers' liability laws.
2. Services that are not necessary for the patient's dental health as determined by the Plan.
3. Cosmetic, elective, or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Plan.
4. Oral surgery requiring the setting of fractures or dislocations.
5. Services with respect to malignancies, cysts, or neoplasms; hereditary, congenital, anodontic, mandibular prognathism; or development malformations where, in the opinion of the Plan, such services should not be performed in a dental office.
6. Dispensing of drugs.
7. Hospitalization for any dental procedure.

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8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
9. Replacement due to loss or theft of prosthetic appliance.
10. Procedures not listed as covered benefits under this Plan.
11. Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Plan (with the exception of out-of-area emergency dental services).
12. Services related to the treatment of Temporomandibular Disorder (TMD).
13. Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating General Dentist. Above copayments do not apply when performed by a Participating Specialist (with the exception of orthodontics). Participating Specialists, if available, have entered into an agreement with BCBSAZ to provide dental services to members at a 25% reduction from their Usual, Customary, and Reasonable (UCR) fees.
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Plan.
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
16. Any service or supply rendered to replace a tooth lost prior to the effective date of coverage. This exclusion expires after 36 months of Member's continuous coverage under the plan.

THIS IS ONLY A BRIEF SUMMARY OF THIS BENEFIT PLAN. A COMPLETE LISTING OF ALL BENEFITS, LIMITATIONS AND EXCLUSIONS IS IN THE BENEFIT PLAN BOOKLET AND IS AVAILABLE PRIOR TO ENROLLMENT UPON REQUEST. IF THE BENEFITS ON THIS SUMMARY DIFFER FROM THOSE STATED IN THE BENEFIT PLAN BOOKLET, THE TERMS OF THE BENEFIT PLAN BOOKLET APPLY.