BlueCare Dental℠

BlueCross BlueShield of Texas

Greater Opportunities of the Permian Basin

The following is a listing of common services available through your BlueCare Dental network.
The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.
This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider**
Maximum Per Participant	$1,500
General Provisions Calendar Year Deductible	$50 3x Family
Three-month Deductible carryover applies (does not apply to Plan Year groups)	Yes
Deductible Credit from prior carrier	No
Services	
Diagnostic Evaluations (Deductible does not apply) Periodic Oral Evaluations, Oral Evaluation for a patient under 3 years of age, Comprehensive Oral Evaluations, Detailed and Extensive Oral Evaluation (Problem Focused) **(2 exams per Calendar Year)** Limited Oral Evaluation (Problem Focused) – **(no limitation)**	100%
Preventive Services (Deductible does not apply) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment (up to age 19; 2 per Calendar Year)	100%
Diagnostic Radiographs (Deductible does not apply) Dental X-rays (Subject to booklet provision) Full Mouth / Panoramic X-rays (1 time in any 36-month period) Bitewing X-ray Series (2 per Calendar Year)	100%
Miscellaneous Preventive Services (Deductible does not apply) Sealants (up to age 16, permanent molars, 1 time per lifetime) Space Maintainers (up to age 19) **Lab Tests- (Pulp Vitality Tests / Oral Pathology)**	100%
(*) Annual Deductible applies to these categories indicated	
****Basic Restorative Dental Services*** Amalgams & Resin-based Composite Restorations (limited to once per surface per tooth in any Calendar Year)	80%
****Adjunctive Services*** Palliative treatment **(emergency)** Deep sedation, General Anesthesia	80%
****Non-Surgical extractions*** Simple Extractions – Removal of Retained Coronal Remnants & Removal of Erupted Tooth or Exposed Root	80%
****Endodontic Services*** Root canal therapy Direct pulp cap Apicoectomy / Apexification Retrograde filling / Root amputation Hemisection / Therapeutic Pulpotomy / Gross Pulpal debridement	80%
****Non-Surgical Periodontal Services*** Periodontal Scaling and Root Planning (1 time per quadrant per Calendar Year) Full Mouth Debridement (1 time per Calendar Year) Periodontal Maintenance (4 times per Calendar Year) Periodontal Exams (2 times per Calendar Year)	80%
****Surgical Periodontal Services*** Gingivectomy / Gingivoplasty (1 time per quadrant per Calendar Year) Gingival Flap Procedure (1 time per quadrant per Calendar Year) Osseous Surgery / Osseous grafts (1 time per quadrant per Calendar Year) Soft tissue grafts (No Limitations)	80%

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Service	Coverage
Oral Surgery Services Surgical Tooth Extractions Alveoloplasty / Vestibuloplasty Tumor / Cyst Removal Incision and Drainage of an intraoral abscess	80%
Major Restorative Services Single Crown Restorations (1 time per 60-month period) Gold Foil (No Limitations) and Inlays/Onlays Restorations (1 time per 60-month period) Labial Veneer Restorations (1 time per 60-month period) Crowns placed over Implants (1 time per 60 month period)	50%
Prosthodontic Services Complete and Removable Partial Dentures (1 time per 60-month period) Denture Relines/Rebases (1 time every 36 months /must not be performed within six months of denture placement) Fixed Bridgework (1 time per 60-month period) Bridges and Dentures (1 time per 60-month period) Prosthetics placed over Implants (1 time per 60-month period) Surgical Implants (No Limitations)	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated Crowns / Stainless Steel & Resin (Permanent Teeth limited to; 1 time in a 60-month period; previously found under General Services) Crown / Denture Recementations Post & Core Pin Retention Crowns & Bridge Repairs Denture Repairs (6 months after initial placements of denture) Denture Adjustments (3 times per calendar year/must not be performed within six month of denture placement)	50%

Orthodontics	
Orthodontics **Deductible Waived** Orthodontic Diagnostic Procedures and Treatment: Adults eligible: ☐ No ☒ Yes If yes age limitation: 99 Dependent Children eligible: ☐ No ☒ Yes If yes age limitation: 19	50%
Lifetime Maximum per Participant	$1,500

Insured: Coordination of Benefits (COB): ☒ Birthday rule applies (standard)

ASO: Coordination of Benefits (COB):
☒ Birthday rule (standard)
☐ Gender rule

Non-duplication of benefits (COB):
☐ Yes (all benefits combined not to exceed benefits of this program)

Claim filing time limit:
☒ Within 365 days of the date of service (standard)
☐ End of the year following the year of service
☐ Two years from the date of service
☐ Other (explain in additional provisions section below)

Additional Provisions: Changes from standard to non-standard benefits **(with CBSR / AdHoc approval).** Account Structure changes, i.e., new group & section numbers. Also, indicate renewal benefit changes and the effective date of that change.

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Transfer-in (Takeover Credit): ☒ No ☐ Yes: $ _____ and services being Transferred-in:

Missing Tooth Provision (MTP) applies: ☒ No or ☐ Yes (add contractual language below). Effective Date: _____

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. 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.**
- **A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.**

☒ **Enhanced Dental Benefit -- Available only for 151+**

Medical Conditions

☒ Cardiovascular Disease ☒ Diabetes ☒ Pregnancy

Type of Service (check services that will apply)

☒ 100% Benefit Scaling & Root Planing

☒ 100% Benefit Office Exam

☒ 100% Benefit Periodontal Maintenance Cleaning

Additional Benefits (applies only to Pregnancy)

☒ Additional Routine Cleaning
☒ Additional Periodontal Maintenance Cleaning

Benefit Waiting Period – ☒ NO or ☐YES (the information below is required per group request) Effective Date: _____
NOTE: IF A BENEFIT WAITING PERIOD APPLIES; WAITING PERIOD WAIVED FOR EXISTING GROUP DENTAL PLANS AND/OR TRANSFERS GROUPS.
Member must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

☐ Non-Surgical Periodontal Services
☐ Surgical Periodontal Services
☐ Major Restorative Services
☐ Prosthodontic Services
☐ Miscellaneous Restorative and Prosthodontic Services
☐ Orthodontic Services

**Each time you need dental care; you can choose to:

See a Contracting Provider	See a Non-Contracting Provider
• **Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses** • **You are not required to file claim forms** • **You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists**	• **Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSTX to accept the Maximum Allowable In-Network Amount as payment in full for Eligible Dental Expenses** • **You are required to file claim forms** • **You are balance billed for costs exceeding the BCBSTX Allowable Amount** • **Out of Network Reimbursement - MAC**

EMPLOYEE INFORMATION

- 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 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 31 days prior to the