BlueCare Dental℠

BlueCross BlueShield of Texas

DENTAL BENEFIT HIGHLIGHTS *Prepared for*
City of Corpus Christi - Expanded Plan

ALL FIELDS BELOW ARE REQUIRED TO BE COMPLETED

Type of Service	Benefit**
General Provisions	
☒ Plan ☐ Calendar Year Deductible *If applicable, deductible option should mirror medical deductible option.(Remove before distribution)*	$50 Individual / $150 Family
Three-month Deductible carryover applies (Not applicable if Plan Year Chosen)	**No**
Deductible credit from prior carrier	No
Maximum per Participant	$4,500
BlueMax Advantage (Graduated maximum) *	☐Yes / ☒No Start Date: Nbr of Increments: years Increment Amt$
Takeover Credit	☐ **Yes** / ☒ **No**
Diagnostic and Preventive Care Benefits	
☒**Deductible Waived (standard)** ☐Deductible Not Waived Oral Examinations (2 exams per Year) Prophylaxis (2 cleanings per Year) Fluoride Treatment (to age 19; 2 per Year) Dental X-rays (Subject to booklet provision) – Full Mouth/Panoramic Xrays – 1 time per 36 months.	100%
Miscellaneous Services	
☐Deductible Waived ☒**Deductible Not Waived (standard)** **Sealants (up to age 16; applies to permanent molars, one application per tooth, per lifetime)** Space Maintainers (up to age 19) Labs and Tests Palliative Care	85%
Restorative Services	
Amalgams and Composites Simple Extractions Pin Retention	85%
General Services	
Anesthesia Stainless Steel Crowns	85%
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling/Root amputation/hemisection Therapeutic pulpotomy/Gross pulpal debridement	85%
Periodontal Services	
Periodontal scaling and root planning Full mouth debridement/Periodontal Maintenance Gingivectomy/Gingivoplasty Gingival flap procedure/Osseous surgery and grafts/Soft tissue grafts	85%
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty/Vestibuloplasty	85%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores Recementation of crowns, inlays/onlays Crown Repair	85%
Prosthodontic Services	
Reline/Rebase Bridges and dentures Recementation and Repair of Bridges/Implants	85%
Orthodontic Benefits	
☐**Deductible Waived (standard)** ☒Deductible Not Waived Orthodontic Diagnostic Procedures and Treatment: **Adults eligible:** ☒ **No** ☐ **Yes - If yes, indicate age limitation:** **Dependent Children eligible:** ☐ **No** ☒ **Yes - If yes, indicate age limitation: 19**	85%

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Orthodontic Lifetime Maximum per Participant	*$4,500*

Additional Provisions (Please list any benefit changes, account structure changes, new benefit exclusions and effective date of change): Out of Network Reimbursement – 90th R&C
*Nitrous Oxide covered with no medical necessity review
*Occlusal guards (night guards) for bruxism or clenching for tooth sensitivity, excessive wear, or fractures of natural teeth or restorations. Cover at 85%. Exclude when used for sports-related activities, tmj, myofascial pain or orthodontic tooth movement. Limited to once per 36 months. Repair and relines are limited to once per 12 months. Adjustments are inclusive within the first 12 months and thereafter allowed once every 6 months.
*Application of desensitize medicaments covered at 85%.
*Bone grafts covered at 85%.
*Implant surgery (placement of implant) covered at 85%
*Increase fluoride application for adults to 2 times per year at 100%
*Coverage limited to 1 bitewing x-ray per plan year

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

See a Contracting BlueCare Dentist	See a Non-Contracting Dentist
• Your out-of-pocket cost will generally be the least amount because BlueCare Dentists 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 Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination 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

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 anniversary date.
- When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSTX in advance of treatment.
- **Missing Tooth Provision does not apply.**
- BlueMax Advantage benefit maximum increment applied after first dental benefit year (if applicable)

Group Executive Name and Title (Please type or print)	Signature	Date

Agent of Record Name (Please print or type)	Signature	Date
BCBSTX Representative Name (Please print or type)	Signature	Date