Texas Association of Counties Health and Employee Benefits Pool

DENTAL PLAN I WITH ORTHODONTIA — BLUECARE DENTAL PPO

Type of Service	Benefit**
General Provisions	
Plan Year Deductible	*$50 Individual / $150 Family*
Plan Year Maximum per Participant	*$2,000*
Diagnostic and Preventive Care Benefits *(deductible waived)* *(Benefits do not apply to Plan Year Maximum)* Oral Examinations - 2 per plan year Prophylaxis - 2 cleanings per plan year Fluoride Treatment to age 19 - 2 per plan year Consultations – covered with no frequency limitation Problem-Focused and non-routine exams - 1 per plan year Dental X-Rays - Full Mouth/Panoramic X-rays (once every 60 months) Bitewing X-Ray Series - 1 per plan year Periapical X-Rays - 4 per plan year Intraoral Occlusal X-Rays - 2 per plan year Sealants for permanent unrestored bicuspids & molars excluding wisdom teeth; covered up to age 19 - 1 per tooth every 36 months Space Maintainers up to age 19 - 1 per arch per lifetime on posterior teeth only Interim caries Arresting Medicament Application up to age 19 - 1 per plan year per tooth Periodontal Maintenance - 2 per plan year; not combined with Preventive Prophylaxis Full Mouth Debridement - once per lifetime Cone Beam CT - 2 per plan year	*100%*
Miscellaneous Services Palliative Care Labs and Tests	*80%*
Restorative Services Amalgams and Composite - once every 24 months per tooth on the same surface Simple Extractions Pin Retention	*80%*
General Services Diagnostic Casts - 1 per Plan Year Prefabricated Stainless Steel and Resin Crowns – 1 per tooth per 36 months on primary & permanent teeth; No age limit	*80%*
Endodontic Services Root Canal Therapy Direct Pulp Cap Apicoectomy / Apexification Retrograde Filling Root Amputation / Hemisection Therapeutic Pulpotomy	*80%*
Periodontal Services Periodontal Scaling and Root Planing – 1 per 24 months per quadrant	*80%*
Oral Surgery Services Surgical tooth extractions Full Bony impacted tooth extractions Periodontal Surgery – 1 every 36 months per quadrant General Anesthesia / IV Sedation Alveoloplasty, Vestibuloplasty Gingivectomy / Gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	*50%*

Initials _____ Date _____

Crowns, Inlays/Onlays Services Crowns, Inlays, Onlays, Labial Veneers - 1 per tooth every 84 months	*50%*
Prosthodontic Services Bridges and Dentures – 1 replacement every 84 months Denture Reline / Rebase – 1 per 36 months Denture Adjustments – 2 per plan year Crown and Bridge Re-cementation – 2 per crown and bridge per plan year Denture and Bridge Repairs – 1 per plan year Occlusal Guard for Bruxism – 1 appliance every 36 months Implants – 1 per tooth every 84 months	*50%*
Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults (no age limitation) and Dependent children (under age 26) Lifetime Maximum per Participant	*50%* *$2,000*

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

SEE A CONTRACTING 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 may be eligible, depending on employer contract.**
- **Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.**

When the course of treatment will be more than $300, a predetermination request should be submitted to BCBSTX in advance of treatment.

BlueCross BlueShield of Texas

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