BlueCare® Dental

PPO - Dental

BlueCross BlueShield of Texas

Lubbock ISD - Group Number 348958

Effective: 1/1/2027 - 12/31/2027

The following is a listing of common services available through your BlueCare Dental PPO network (beginning 111/2026). 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 - 2027

Program Basics	Contracting Provider	Non-Contracting Provider• Usual/Customary - 90th
Benefit Period Maximum: Calendar Year	$1,000.00	$1,000.00
Deductible: Calendar Year	$50.00 Individual $150.00 Family	$50.00 Individual $150.00 Family
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%

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Adjunctive Services		
Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%
Oral Surgery Services		
Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess (Bony impactions typically covered under medical plan)	80%	80%
Surgical Periodontal Services		
Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%	80%
Major Restorative Services		
Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services		
Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants : No coverage	50%	50%
Misc. Restorative & Prosthodontic Services		
Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics (Deductible Waived)		
Orthodontic Diagnostic Procedures and Treatment: Adults eligible Yes D No 0 Dependent Children eligible Yes 0 No D Age Limitation 19	50%	50%
Lifetime Maximum Benefit per Participant	$1,000.00	$1,000.00

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Insured: Coordination of Benefits
0 Birthday rule applies

Non-duplication of benefits (COB):
D Yes (all benefits combined not to exceed benefits of this program)
0 No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:
0 Within 365 days of the date of service

Missing Tooth Exclusion applies:

0 No Exclusion
All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: 0 Yes D No
Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:

0 Cardiovascular disease, Diabetes or Pregnancy (standard grouping)
O Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:

- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: O Applies D Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Monthly Premiums - BCBS (employee monthly deduction):

***Employee Only = $22.10 per month**
***Employee and one dependent = $49.72 per month**
***Employee and two or more dependents = $96.73 per month**
(*pending finalization with BCBS)

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Benefit Waiting Period - li'.! No or ☐ Yes (the information below is required per group requested)
NOTE: If a benefit waiting period applies; Waiting period is waived for existing group dental plans and/or transfers group. Members must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

☐ Oral surgery
☐ Endodontics
☐ Non-Surgical Periodontal Services
☐ Surgical Periodontal Services
D Major Restorative Services
Prosthodontic Services
D Miscellaneous Restorative and Prosthodontic Services
D Orthodontic Services

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

See a 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 bafance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider

- Your out-of-pocket cost may be greater because Non-Contracting Providers nave not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are bafance billed for costs exceeding the BCBSTX Allowable Amount
- Non-contracting provider reimbursement UCR 90th

Employee Information

This is a general summary of your benefit design. Please refer to BCBC or your benefit booklet (coming soon) 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.

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