



City of Leander

Effective: 1/1/2026 - 12/31/2026

The following is a listing of common services available through your BlueCare Dental PPO 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. Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* MAC
Benefit Period Maximum: Calendar Year	\$750.00	\$750.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Three Month Deductible Carryover Applies	Yes ☑ No □	Yes ☑ No □
Prior Carrier Deductible Credit Applies	Yes □ No ☑	Yes □ No ☑
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	50%	50%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	50%	50%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	50%	50%



Dental Base

BlueCross BlueShield of Texas

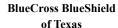
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	50%	50%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	50%	50%
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess (Bony impactions typically covered under medical plan)	50%	50%
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	50%	50%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	20%	20%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes ☑ No □	20%	20%
Misc. Restorative & Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	20%	20%
Orthodontics (Deductible Not Waived) Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered



Dental Base

BlueCross BlueShield of Texas

Insured: Coordination of Benefits ☑ Birthday rule applies Non-duplication of benefits (COB): ☐ Yes (all benefits combined not to exceed benefits of this program) ☑ No (standard - all benefits combined not to exceed total charges) Claim filing time limit: ☑ Within 365 days of the date of service ☐ 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.
☐ BlueMax Advantage - Available only for 151+
Transfer-in (Takeover Credit): ☐ Yes ☑ No : \$ enter amount and services being Transferred-In
Missing Tooth Exclusion applies:
□ Yes An exclusion applies to expenses involving the replacement of teeth that were missing prior to the effective date of coverage, except when a participant has had continuous coverage for the following number of months under a group dental care contract with BCBSTX, a previous group dental contract or a combination of the two. Plans must include major services (prosthetic benefits) □ 24 months □ 99 months (exclusion permanently applies) Does exclusion apply to initial enrollees? □ Yes (Same rules as above apply) □ No (Initial enrollees receive immediate coverage)
☑ No Exclusion All teeth covered beginning on first day of coverage
Enhanced Dental Benefit: ☑ Yes □ 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: ☑ Cardiovascular disease, Diabetes or Pregnancy (standard grouping) ☑ Pre-Diabetes (requires standard grouping)
Additional benefit for one of the following: Scaling & Root Planing Periodontal Maintenance Cleaning
Apply toward annual maximum: ☑ Applies □ Does not apply
Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.
Any quetemization chould be noted in the Additional provisions section





Available with 1/1/2020 effective dates:
Preventive Services selected below will not apply to the annual maximum
☐ Diagnostic Services
☐ Preventive Services
☐ Diagnostic Radiographs
☐ Miscellaneous Preventive Services
Benefit Waiting Period - ☑ 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
☐ 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

- 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

See a Non-Contracting Provider

- 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 for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSTX Allowable Amount
- Non-contracting provider 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.
 - 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.