

## BRYAN ISD

Effective: 1/1/2025 - 12/31/2025

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* U&C 90th
<b>Benefit Period Maximum:</b> Calendar Year	\$1,000	\$1,000
<b>Deductible:</b> Calendar Year	\$0.00 Individual \$0.00 Family	\$0.00 Individual \$0.00 Family
<b>Three Month Deductible Carryover Applies</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Prior Carrier Deductible Credit Applies</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
<b>Diagnostic Services (Deductible does not apply)</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	75%	75%
<b>Preventive Services (Deductible does not apply)</b> Prophylaxis (cleanings) Topical fluoride applications	75%	75%
<b>Diagnostic Radiographs (Deductible does not apply)</b> Full-mouth and panoramic films Bitewing films Periapical films	75%	75%
<b>Miscellaneous Preventive Services (Deductible applies)</b> Sealants Space maintainers	75%	75%
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	75%	75%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	75%	75%
<b>Non-Surgical Periodontic Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	75%	75%
<b>Adjunctive Services</b>		

## PPO – GOLD PLAN

Palliative treatment (emergency) Deep sedation / general anesthesia	75%	75%
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	75%	75%
<b>Oral Surgery Services</b> 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)	75%	75%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	75%	75%
<b>Major Restorative Services</b> Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	75%	75%
<b>Prosthodontic Services</b> Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	75%	75%
<b>Miscellaneous Restorative and Prosthodontic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	75%	75%
<b>Orthodontics</b> <b>Deductible Waived (standard)</b> Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 26  <b>Lifetime Maximum Benefit per Participant</b>	50%	50%
	\$1,500	\$1,500

## PPO – GOLD PLAN

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

**ASO: Coordination of Benefits (COB):**

- Birthday rule (**standard**)  
 Gender rule

**Insured and ASO: 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 (**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.

**Non-Surgical Periodontic Services**

1. Chemical treatments or localized delivery of chemotherapeutic agents.

**Adjunctive Services**

2. Consultations

**BlueMax Advantage – Available only for 151+**

**Graduated Dental Benefit Maximum:** \$ 1,450

Graduated Benefit Start Date: 1/1/2023    Number of Increments: 3

In-Network Increment Amount: \$ 150

Out-of-Network Increment Amount: \$ 150

**Transfer-in (Takeover Credit):**  No     Yes: \$ *Enter amount.* and services being Transferred-In:

**Missing Tooth Exclusion applies:**

**Yes** (**standard**)

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 (standard)  
 99 months (exclusion permanently applies)

**Does exclusion apply to initial enrollees?**

- Yes (Same rules as above apply)  
 No (Initial enrollees receive immediate coverage **standard**)

**No Exclusion**

All teeth covered beginning on first day of coverage

## PPO – GOLD PLAN

**Enhanced Dental Benefit** -  Yes (standard)  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 (standard)  Does not apply

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

Any customization should be noted in the Additional Provisions section.

**Preventive Services selected below will not apply to the annual maximum –**

- Diagnostic Services
- Preventive Services
- Diagnostic Radiographs
- Miscellaneous Preventive Services

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**Benefit Waiting Period** –  NO or  YES (the information below is required per group request) **Effective Date:** Enter 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 [3,6,9,12,18,24] 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	See a Non-Contracting Provider
<ul style="list-style-type: none"> <li>• 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</li> <li>• You are not required to file claim forms</li> <li>• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists</li> </ul>	<ul style="list-style-type: none"> <li>• Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses</li> <li>• You are required to file claim forms)</li> <li>• You are balance billed for costs exceeding the BCBSTX Allowable Amount</li> <li>• Non-contracting provider reimbursement <b>U&amp;C 90th</b></li> </ul>

## PPO – GOLD PLAN

- 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.**
  - 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.**