

PPO-SISD LOW

Socorro ISD

Monthly Premium Rates

Single	\$ 27.90
Single + Spouse	\$ 55.89
Single + Child(ren)	\$ 73.50
Family	\$100.46

Plan Effective: 01/01/2024-12/31/2024

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.*

D E N T A L B E N E F I T H I G H L I G H T S

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum: Calendar Year	\$2,000	\$2,000
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	90%	90%
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	90%	90%
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	90%	90%
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	90%	90%
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%

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<p>Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures</p>	50%	50%
<p>Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia</p>	50%	50%
<p>Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification</p>	50%	50%
<p>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)</p>	50%	50%
<p>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</p>	50%	50%
<p>Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants</p>	50%	50%
<p>Prosthetic Services 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"/></p>	50%	50%
<p>Miscellaneous Restorative and Prosthetic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments</p>	50%	50%
<p>Orthodontics Deductible Waived (standard) Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>	50%	50%

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Dependent Children eligible: No Yes If
yes age limitation: 26

\$1,500.00

\$1,500.00

Lifetime Maximum Benefit per Participant

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

CBSR for non-standard items #2002-02175-001

Preventive Services

1. Prophylaxis – limited to 3 per calendar year. Frequency limitation not combined with periodontal maintenance
2. Topical Fluoride Applications up to age 19; one per calendar year

Diagnostic Radiographs

3. Full Mouth / Panoramic X-Rays 1 per 36 months
4. Bitewing-xrays – 2 per calendar year

Miscellaneous Preventive Services

5. Space maintainers covered to age 19
6. Sealants up to age 16; one per 36 months
7. Palliative treatment (emergency)

Basic Restorative Services

8. Resin-based Composite Restorations; 1 per tooth per 24 months

Non-Surgical Periodontal Services

9. Periodontal Scaling and Root Planning; 1 per quadrant per 24 months
10. Periodontal Maintenance cleanings do not count towards preventive cleaning limit
11. Chemical treatments or localized delivery of chemotherapeutic agents

Adjunctive Services

12. Consultations
Exclusion #21 will be stated as : *Charges for email consultations, missed appointments, completion of a claim form or forwarding requested records or radiographic images*
13. Antibiotic Injections: Therapeutic Parenteral Drug, Single Administration (*D9610*), Therapeutic Parenteral Drugs, Two Or More Administrations, Different Medications (*D9612*), Infiltration of Sustained Release Therapeutic Drug Single or Multiple Sites (*D9613*)
Exclusion #26 will be stated as : *Charges for local anesthesia, nitrous oxide analgesia, or other drugs or medications and/or their application*

Oral Surgery Services

14. Extraction of Full Bony impacted teeth covered under Dental. These procedures are not covered under the medical plan

Major Restorative Services

15. Major restorations; crowns, inlays/onlays,veneers are limited to one per tooth every 5 years

Prosthetic Services

16. Complete dentures and removable partial dentures; one upper and one lower- once in any 5-year period
17. Denture reline/rebase procedures-limited to one procedure every 60 months
18. Guided tissue regeneration – covered

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19. Fixed bridgework once per every 5 years

Miscellaneous Restorative and Prosthodontic Services

20. Prefabricated stainless steel crowns - one per tooth every 5 years

BlueMax Advantage – Available only for 151+

Graduated Dental Benefit Maximum: \$ Enter amount.

Graduated Benefit Start Date: Enter date. **Number of Increments:** Enter number.

In-Network Increment Amount: \$ Enter amount.

Out-of-Network Increment Amount: \$ Enter amount.

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

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.

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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 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"> • 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 	<ul style="list-style-type: none"> • 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 • You are required to file claim forms) • You are balance billed for costs exceeding the BCBSTX Allowable Amount • Non-contracting provider reimbursement U&C 90th

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.**
 - 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.