



## Lubbock ISD - Group Number 348598

Effective: 1/1/2023 - 12/31/2023

**The following is a listing of common services available through your BlueCare Dental PPO network (beginning 1/1/2023). 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 (coming soon).

### DENTAL BENEFIT HIGHLIGHTS - 2023

Program Basics	Contracting Provider	Non-Contracting Provider* Usual/Customary - 90th
<b>Benefit Period Maximum: Calendar Year</b>	\$1,000.00	\$1,000.00
<b>Deductible: Calendar Year</b>	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family

### Services

#### **Diagnostic Services (Deductible does not apply)**

Periodic oral evaluations	100%	100%
Problem focused oral evaluations		
Comprehensive oral evaluations		

#### **Preventive Services (Deductible does not apply)**

Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		

#### **Diagnostic Radiographs (Deductible does not apply)**

Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		

#### **Miscellaneous Preventive Services (Deductible does not apply)**

Sealants	100%	100%
Space maintainers		

#### **Basic Restorative Dental Services**

Amalgams	80%	80%
Resin-based composite restorations		

#### **Non-Surgical Extractions**

Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		

#### **Non-Surgical Periodontic Services**

Periodontal scaling and root planing	80%	80%
Full-mouth debridement		
Periodontal maintenance procedures		

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**Adjunctive Services**

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

**Endodontic Services**

Therapeutic pulpotomy and pulpal debridement	80%	80%
Root canal therapy		
Apexification/recalcification		

**Oral Surgery Services**

Surgical tooth extractions	80%	80%
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)		

**Surgical Periodontal Services**

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	80%	80%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

**Major Restorative Services**

Single crown restorations		
Inlay/onlay restorations	50%	50%
Labial veneer restorations		
Crowns placed over implants		

**Prosthodontic Services**

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	50%
Prosthetics placed over implants		
Implants: No coverage		

**Misc. Restorative & Prosthodontic Services**

Prefabricated crowns		
Recementations	50%	50%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

**Orthodontics (Deductible Waived)**

Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Dependent Children eligible	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Age Limitation	19	

**Lifetime Maximum Benefit per Participant** \$1,000.00 \$1,000.00

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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)

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Claim filing time limit:

Within 365 days of the date of service

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**Missing Tooth Exclusion applies:**

**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.



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**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 any Allowable Amount determination 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 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.