



## Connally ISD

Effective: 9/1/2024 - 8/31/2025

**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* UCR 90th
<b>Benefit Period Maximum: Calendar Year</b>	\$750.00	\$750.00
<b>Deductible: Calendar Year</b>	\$50.00 Individual \$150.00 Family	\$75.00 Individual \$225.00 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"/>
<b>Services</b>		
<b>Diagnostic Services (Deductible does not apply)</b>		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
<b>Preventive Services (Deductible does not apply)</b>		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
<b>Diagnostic Radiographs (Deductible does not apply)</b>		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
<b>Miscellaneous Preventive Services (Deductible does not apply)</b>		
Sealants	100%	100%
Space maintainers		
<b>Basic Restorative Dental Services</b>		
Amalgams	80%	80%
Resin-based composite restorations		
<b>Non-Surgical Extractions</b>		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
<b>Non-Surgical Periodontic Services</b>		
Periodontal scaling and root planing	Not Covered	Not Covered
Full-mouth debridement		
Periodontal maintenance procedures		



### Adjunctive Services

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

### Endodontic Services

Therapeutic pulpotomy and pulpal debridement	Not Covered	Not Covered
Root canal therapy		
Apexification/recalcification		

### Oral Surgery Services

Surgical tooth extractions	80%	80%
Alveoplasty 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	Not Covered	Not Covered
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

### Major Restorative Services

Single crown restorations	Not Covered	Not Covered
Inlay/onlay restorations		
Labial veneer restorations		
Crowns placed over implants		

### Prosthetic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	Not Covered	Not Covered
Prosthetics placed over implants		
Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

### Misc. Restorative & Prosthetic Services

Prefabricated crowns		
Recementations	Not Covered	Not Covered
Post and core, pin retention and crown/bridge repairs		
Adjustments		

### Orthodontics (Deductible Not Waived)

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
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<b>Monthly Rates</b>	
<b>Employee Only</b>	<b>\$21.39</b>
<b>Employee + 1</b>	<b>\$41.00</b>
<b>Family</b>	<b>\$68.19</b>