



## Lubbock ISD - Group Number 348958

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

The following is a listing of common services available through your BlueCare Dental PPO network (beginning 1/1/2025). 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.

### DENTAL BENEFIT HIGHLIGHTS - 2025

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
<b>Services</b>		
<b>Diagnostic Services (Deductible does not apply)</b>		
Periodic oral evaluations	100%	100%
Problem focused oral evaluations		
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	100%	100%
Bitewing films		
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	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		
Alveoplasty and vestibuloplasty	80%	80%
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		
Osseous grafts	80%	80%
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		

## Prosthetic Services

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

## Misc. Restorative & Prosthetic 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	

<b>Lifetime Maximum Benefit per Participant</b>	<b>\$1,000.00</b>	<b>\$1,000.00</b>
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## 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

## 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.

## Monthly Premiums - BCBS (employee monthly deduction):

\*Employee Only = \$22.10 per month

\*Employee and one dependent = \$49.72 per month

\*Employee and two or more dependents = \$96.73 per month

(\*pending finalization with BCBS)

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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.**