

## The Riverwalk Foundation

Effective: 9/1/2025 - 8/31/2026

**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>	\$1,000.00	\$1,000.00
<b>Deductible: Calendar Year</b>	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 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	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	80%	80%
Bitewing films		
Periapical films		
<b>Miscellaneous Preventive Services (Deductible does not apply)</b>		
Sealants	80%	80%
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	50%	50%
Full-mouth debridement		
Periodontal maintenance procedures		

### Adjunctive Services

Palliative treatment (emergency)	50%	50%
Deep sedation / general anesthesia		

### Endodontic Services

Therapeutic pulpotomy and pulpal debridement	50%	50%
Root canal therapy		
Apexification/recalcification		

### Oral Surgery Services

Surgical tooth extractions	50%	50%
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	50%	50%
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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

### 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		

<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☐ 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.

Surgical Implants - Not Covered

☐ **BlueMax Advantage - Available only for 151+**

**Transfer-in (Takeover Credit):** ☐ Yes ☒ No : \$ *enter amount* and services being Transferred-In

**Missing Tooth Exclusion applies:**☐ **Yes**

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☐ 99 months (exclusion permanently applies)**Does exclusion apply to initial enrollees?**☐ Yes (Same rules as above apply)☐ No (Initial enrollees receive immediate coverage)☒ **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.

Any customization should be noted in the Additional provisions section.

Available with 1/1/2020 effective dates:

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 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 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.
  - 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.