BlueCross BlueShield of Texas

BlueCare Dental℠ 1A

Marketing ID: DPFH03NATSTXP

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance, Benefit Period Maximum and Out-of-Pocket Maximums shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics

Benefit Period Maximum	$1,500
Out of Pocket Maximum	1 Child: $700 2 or More Children: $1,400
Deductible	$25 Individual / $75 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible Waived)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible Waived)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible Waived)
Miscellaneous Preventive Services Sealants Space maintainers	80%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%

Covered Services (continued)

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	80%
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 Anatomical crown exposures	80%*
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%*
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%*
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%*

Orthodontic Services

Pediatric Orthodontic Services Coverage limited to children **under age 21** with an orthodontic condition **meeting Medical Necessity criteria** (e.g., severe dysfunctional malocclusion) established by BCBSTX.	50%** Unlimited Lifetime Maximum (Deductible Waived)
Additional Orthodontic Services Coverage for orthodontic conditions meeting **Medical Necessity criteria for members over the age of 21 and non-Medical Necessity criteria for all participants** (e.g., severe dysfunctional malocclusion) as established by BCBSIL.	Not Covered

*A 12 month waiting period applies for these services.

**A 24 month waiting period applies for these services.

The above is a listing of common services available through your network of Participating Dentists.
The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

Services from non-participating providers will be subject to the same allowable charges as those from participating providers. Amounts in excess of these allowances will be the full responsibility of the insured.

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