



BlueCross BlueShield of Texas

BlueCare DentalSM for Individuals and Families

Complete your health care coverage with a dental plan from Blue Cross and Blue Shield of Texas.

2024



Dental care is vital to your overall health. That is why Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, offers BlueCare Dental and BlueCare Dental 4 KidsSM. Our dental plans provide you with coverage for preventive services like checkups, cleanings and basic X-rays, as well as procedures like fillings, bridges and crowns.

BCBSTX offers a variety of plans to fit your family's needs and budget. We have four plans for adults and three for children.

- All plans offer coverage for basic preventive services, including 100% coverage in-network for BlueCare Dental 1A plans.
- Plans also offer coverage for other dental procedures, including oral surgery, extractions, restorative work, and more*.
- We offer a range of monthly rates to fit your budget. Our new BlueCare Dental 1C plan features the lowest rates.
- Use the chart on the next page to compare plans and monthly rates to find the one that works best for you.

Call us at 800-531-4456 or contact an independent, authorized Blue Cross and Blue Shield of Texas agent.

* You may need to have your plan for a certain amount of time, or "waiting period," before benefits will be paid for some services. Be sure to check your certificate of benefits booklet for details.

Dental Plans¹

The benefits below show what the member will pay in network.²

2024	BlueCare Dental 1A ³	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B ³	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C	BlueCare Dental 2A								
						Adult	Child							
Individual Deductible (Family deductible equals 3 times individual)	\$25	\$25	\$50	\$50	\$50	\$50	\$50							
Annual Maximum	\$1,500 ⁴	N/A	\$1,000 ⁴	N/A	\$1,000 ⁴	\$1,000	N/A							
Diagnostic Evaluations	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵	Please refer to the Outline of Coverage for schedule of benefits.	20% ⁵							
Preventive	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵		20% ⁵							
Diagnostic Radiographs	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵		20% ⁵							
Miscellaneous Preventive Services	20%	20%	10%	20%	20%		20%							
Basic Restorative	20%	20%	30%	50%	50% ⁶		50%							
Non-Surgical Extractions	20%	20%	30%	50%	50% ⁶		50%							
Non-Surgical Periodontal	20%	20%	30%	50%	50% ⁶		50%							
Adjunctive Services	20%	20%	30%	50%	50% ⁶		50%							
Endodontics	20%	20%	50%	50%	50% ⁶		50%							
Oral Surgery	20%	20%	50%	50%	50% ⁶		50%							
Surgical Periodontal	20% ⁷	20% ⁷	50% ⁷	50% ⁷	50% ⁷		50% ⁷							
Major Restorative	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷		50% ⁷							
Prosthodontics	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷		50% ⁷							
Miscellaneous Restorative & Prosthodontics Services	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷		50% ⁷							
Orthodontics⁸ (up to age 19)	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵								
Out-of-Pocket Maximum	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children							
Monthly Rates for BlueCare Dental⁹														
	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹
											Adult	Child	Adult	Child
Individual Member	\$37.18	\$30.49	\$42.05	\$34.49	\$23.00	\$18.86	\$23.91	\$19.61	\$18.52	\$15.19	\$31.07	\$23.91	\$25.49	\$19.61
Member + Spouse	\$74.36	\$60.98	N/A	N/A	\$46.00	\$37.72	N/A	N/A	\$37.04	\$30.38	\$62.14	N/A	\$50.98	N/A
Member + 1 Child	\$79.23	\$64.98	N/A	N/A	\$46.91	\$38.47	N/A	N/A	\$42.02	\$34.46	\$54.98	N/A	\$45.10	N/A
Family*	\$200.51	\$164.45	N/A	N/A	\$117.73	\$96.55	N/A	N/A	\$107.54	\$88.19	\$133.87	N/A	\$109.81	N/A

1 This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information, refer to the member's certificate of benefits booklet.

2 All benefits shown represent in-network coverage. Members may pay more if they go out of network.

3 If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19.

4 Annual maximum does not apply to members up to age 19.

5 Deductible is waived.

6 Six-month waiting period from date of purchase applies before any services are allowed.

7 Twelve-month waiting period from date of purchase applies before any services are allowed.

8 Unlimited maximum for medically necessary orthodontia for members up to age 19.

9 Rates are subject to change.

10 Region 1 rates apply to members who live in the following counties: Angelina, Archer, Austin, Bastrop, Baylor, Blanco, Bowie, Brazoria, Burnet, Caldwell, Camp, Cass, Chambers, Clay, Collin, Colorado, Cooke, Cottle, Dallas, Delta, Denton, Ellis, Erath, Fannin, Fayette, Foard, Fort Bend, Franklin, Galveston, Grayson, Hardeman, Hardin, Harris, Hays, Hood, Hopkins, Houston, Hunt, Jack, Jasper, Jefferson, Johnson, Kaufman, King, Knox, Lamar, Lee, Liberty, Llano, Matagorda, Montague, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Palo Pinto, Parker, Polk, Red River, Rockwall, Sabine, San Augustine, San Jacinto, Shelby, Somervell, Tarrant, Titus, Travis, Trinity, Tyler, Walker, Waller, Wharton, Wichita, Wilbarger, Williamson, Wise, and Young.

11 Region 2 rates apply to members who live in counties outside Region 1.

* Includes insured person, spouse, and three children for this example. Additional children can be added at the plan's child rate.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.