

## Uplift Education

Effective: 9/1/2023 - 8/31/2024

**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* U&C 90th
<b>Benefit Period Maximum:</b> Calendar Year	\$1,500	\$1,500
<b>Deductible:</b> Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 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"/>
Services		
<b>Diagnostic Services (Deductible does not apply)</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
<b>Preventive Services (Deductible does not apply)</b> Prophylaxis (cleanings) Topical fluoride applications	100%	100%
<b>Diagnostic Radiographs (Deductible does not apply)</b> Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
<b>Miscellaneous Preventive Services (Deductible does not apply)</b> Sealants Space maintainers	100%	100%
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	80%	80%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
<b>Non-Surgical Periodontic Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
<b>Adjunctive Services</b> Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%

**PPO- High Plan**

<p><b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification</p>	<p>80%</p>	<p>80%</p>
<p><b>Oral Surgery Services</b> Surgical tooth extractions 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)</p>	<p>80%</p>	<p>80%</p>
<p><b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure</p>	<p>80%</p>	<p>80%</p>
<p><b>Major Restorative Services</b> Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants</p>	<p>50%</p>	<p>50%</p>
<p><b>Prosthodontic Services</b> Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants <b>Implants</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>50%</p>	<p>50%</p>
<p><b>Miscellaneous Restorative and Prosthodontic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments</p>	<p>50%</p>	<p>50%</p>
<p><b>Orthodontics</b> <b>Deductible Waived (standard)</b> Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 19 Standard</p> <p><b>Lifetime Maximum Benefit per Participant</b></p>	<p>50%</p> <p>\$1,000</p>	<p>50%</p> <p>\$1,000</p>

**Insured: Coordination of Benefits (COB):**  Birthday rule applies (standard)  
**ASO: Coordination of Benefits (COB):**  
 Birthday rule (standard)  
 Gender rule

## PPO- High Plan

### Insured and ASO: 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 (**standard**)  
 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.

#### Preventive Services

1. Fluoride Treatment – one per plan year

#### Diagnostic Radiographs

2. Full Mouth / Panoramic x-rays – one per 36 months

#### Miscellaneous Preventive Services

3. Sealants – up to age 16 one per tooth per 36 months
4. Space Maintainers – up to age 16

#### Basic Restorative Services

5. Amalgam Restorations – 1 per tooth per 24 months
6. Resin based Composite Restorations – 1 per tooth per 24 months

#### Adjunctive Services

7. Consultations covered – 1 per plan year  
*Exclusion #21 would be stated as: Charges for email consultations, missed appointments, completion of a claim form or forwarding requested records or radiographic images.*

#### Non-Surgical Periodontic Services

8. Periodontal Scaling and Root Planing – 1 per quadrant per 24 months
9. Periodontal Maintenance – 4 per plan year

#### Oral Surgery

10. Extraction of Full Bony impacted teeth (D7240, D7241) are not covered under the dental plan, the procedures are covered under the BCBSTX medical plan

#### Major Restorative Services

11. Major restorations: crowns, inlays/onlays, labial veneers are limited to one per tooth every 10 years

#### Prosthodontic Services

12. Complete dentures and removable partial dentures; one upper and one lower- once every 10 years
13. Implants - once per tooth every 5 years

#### Miscellaneous Restorative and Prosthodontic Services

14. Chemical treatments or localized delivery of chemotherapeutic agents covered.
15. Occlusal adjustments covered.
16. Prefabricated crowns – 1 per tooth every 10 years

### BlueMax Advantage – Available only for 151+

Graduated Dental Benefit Maximum: \$1,800

Graduated Benefit Start Date: 9/1/2024 Number of Increments: 3

## PPO- High Plan

**In-Network Increment Amount:** \$100

**Out-of-Network Increment Amount:** \$100

**Transfer-in (Takeover Credit):**  No  Yes: \$ Enter amount. and services being Transferred-In:

### Missing Tooth Exclusion applies:

**Yes (standard)**

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 (standard)

99 months (exclusion permanently applies)

#### **Does exclusion apply to initial enrollees?**

Yes (Same rules as above apply)

No (Initial enrollees receive immediate coverage **standard**)

**No Exclusion**

All teeth covered beginning on first day of coverage

**Enhanced Dental Benefit -**  Yes (**standard**)  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 (standard)  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.

### 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 request) **Effective Date:** Enter date.

**NOTE: IF A BENEFIT WAITING PERIOD APPLIES; WAITING PERIOD WAIVED FOR EXISTING GROUP DENTAL PLANS AND/OR TRANSFERS GROUPS.**

Member must be continuously covered under this policy for [3,6,9,12,18,24] months before being eligible for the following Covered Services:

- Oral surgery
- Endodontics

## PPO- High Plan

- 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	See a Non-Contracting Provider
<ul style="list-style-type: none"> <li>• 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</li> <li>• You are not required to file claim forms</li> <li>• You are not balance billed for costs exceeding the BCBSTX Allowable Amount for BlueCare Dentists</li> </ul>	<ul style="list-style-type: none"> <li>• 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 in full for Eligible Dental Expenses</li> <li>• You are required to file claim forms)</li> <li>• You are balance billed for costs exceeding the BCBSTX Allowable Amount</li> <li>• Non-contracting provider reimbursement <b>U&amp;C 90th</b></li> </ul>

### 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.
  - **Retirees are not eligible for coverage.**
  - 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.

Enter Name

Group Executive Name and Title  
(Please type or print)

\_\_\_\_\_

Signature

\_ Enter date. \_  
Date

Enter Name

Agent of Record Name  
(Please print or type)

\_\_\_\_\_

Signature

\_ Enter date. \_  
Date

Enter Name

BCBSTX Representative Name  
(Please print or type)

\_\_\_\_\_

Signature

\_ Enter date. \_  
Date

# BlueCare<sup>®</sup> Dental

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