



BA0002

## Brownsville ISD

Effective: 1/1/2021 - 12/31/2021

**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 80th                                  |
|--|---|---|
| <b>Benefit Period Maximum: Calendar Year</b>                         | \$1,000.00  | \$1,000.00  |
| <b>Deductible: Calendar Year</b>                                     | \$50.00 Individual<br>\$150.00 Family                               | \$50.00 Individual<br>\$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  |   |   |
| Problem focused oral evaluations                                     | 100%  | 100%  |
| 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                                       |   |   |
| Bitewing films   | 100%  | 100%  |
| Periapical films   |   |   |
| <b>Miscellaneous Preventive Services (Deductible does not apply)</b> |   |   |
| Sealants   | 100%  | 100%  |
| Space maintainers  |   |   |
| <b>Basic Restorative Dental Services</b>                             |   |   |
| Amalgams   | 50%   | 50%   |
| Resin-based composite restorations                                   |   |   |
| <b>Non-Surgical Extractions</b>                                      |   |   |
| Removal of retained coronal remnants                                 | 50%   | 50%   |
| 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% |
| Alveoplasty and vestibuloplasty               |     |     |
| Excision of benign odontogenic tumor/cyst     |     |     |
| Excision of bone tissue                       |     |     |
| Incision and drainage of an intraoral abscess |     |     |

**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:  | 30% | 30% |
| 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> |
|---|-------------------|-------------------|