



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL



BlueCross BlueShield
of Texas

DENTAL PLAN II WITH ORTHODONTIA

Type of Service	Benefit**
General Provisions Plan Year Deductible	\$50 Individual / \$150 Family
Plan Year Maximum per Participant	\$1,500
Diagnostic and Preventive Care Benefits (deductible waived) (Benefits do not apply to Plan Year Maximum) Oral Examinations (twice per Plan Year) Problem-Focused and non-routine exams limited to 1 per plan year Consultations Prophylaxis (two cleanings per Plan Year) Dental X-rays -Full Mouth/Panoramic X-rays (once every 60 months) Bitewing X-ray Series (once per Plan Year) Fluoride Treatment (to age 19; twice per Plan Year) Sealants up to age 19, permanent molars, one per tooth every 36 months Space Maintainers up to age 19; 1 per arch per lifetime on posterior teeth only Labs and Tests Periodontal Maintenance 2 per plan year; not combined with Preventive Prophylaxis Full Mouth Debridement once per lifetime	100%
Miscellaneous Services Palliative Care	80%
Restorative Services Amalgams and Composite (once per surface on the indicated tooth per 24 months) Simple Extractions Pin Retention	80%
General Services Diagnostic Casts (once per Plan Year) Prefabricated Stainless Steel Crowns	80%
Endodontic Services Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy	80%
Periodontal Services Periodontal scaling and root planing	80%
Oral Surgery Services Surgical tooth extractions Full Bony impacted tooth extractions General Anesthesia/IV Sedation Alveoloplasty, Vestibuloplasty Gingivectomy/gingivoplasty Gingival flap procedure / Osseous surgery and grafts / Soft tissue grafts	50%
Crowns, Inlays/Onlays Services Crowns, Inlays, Onlays, Labial Veneers	50%
Prosthodontic Services Bridges and dentures Denture relining/rebase, Denture adjustments, Re-cementation and repair of bridges/dentures, Re-cementation and repair of crowns, inlays/onlays, Occlusal Guard Implants	50%
Orthodontia Benefits Orthodontic Diagnostic Procedures and Treatment for Adults (no age limitation) and Dependent children (under age 26) Lifetime Maximum per Participant	50% \$1,500

****Each time you need dental care, you can choose to:**

SEE A CONTRACTING DENTIST	SEE A NON-CONTRACTING DENTIST
<ul style="list-style-type: none"> • Your out-of-pocket cost will generally be the least amount because BlueCare Dentists 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 	<ul style="list-style-type: none"> • Your out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSTX to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses • You are required to file claim forms • You are balance billed for costs exceeding the BCBSTX Allowable Amount

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 may be eligible, depending on employer contract.**
- **Employees may enroll dependent children up to age 5, on the first of the month following application with no late enrollment penalty.**

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSTX in advance of treatment.