# BlueCare Dental<sup>™</sup> for Individuals and Families

Complete your health care coverage with affordable dental insurance plans from Blue Cross and Blue Shield of Texas.

Dental care is an important part of your overall health. That is why Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation (BCBSTX) offers BlueCare Dental and BlueCare Dental 4 Kids<sup>SM</sup>. Our dental insurance plans provide you with savings on preventive care like check-ups, cleanings, and basic x-rays, as well as on more comprehensive work like fillings, bridges, and crowns.

BCBSTX offers three different plans for both adults and children, designed to fit your needs and your budget.

## BlueCare Dental 1A and BlueCare Dental 4 Kids 1A feature:

- 100% coverage on most utilized preventive services
- Low \$25 deductible for many services
- Savings on all dental procedures up to annual \$1,500 maximum on Plan 1A; unlimited annual maximum on Blue Care Dental 4 Kids 1A

## BlueCare Dental 1B and BlueCare Dental 4 Kids 1B feature:

- Lower monthly premium (compared to plans 1A)
- 90% coverage on most utilized preventive services
- \$75 deductible for many services
- Savings on all dental procedures up to annual \$1,000 maximum on Plan 1B; unlimited annual maximum on Blue Care Dental 4 Kids 1B

#### **BlueCare Dental 2A**

- Coverage for most utilized preventive services
- \$75 deductible for many services
- Savings on dental procedures up to the annual \$1000 maximum for adults; unlimited annual maximum for children

Get more information at **bcbstx.com** or call 800-531-4456.

See the chart on the back of this page for more detailed coverage information.

## **Texas Dental Insurance Plans**<sup>1</sup>

#### **Benefits Payable**

	BlueCare Dental		BlueCare Dental		<b>BlueCare Dental</b>		<b>BlueCare Dental</b>		BlueCare D		<b>Dental</b>	Dental 2A	
	1A		4 Kids 1A		1B		4 Kids 1B		Adult		Child		
Deductible (3x Family)	\$25		\$25		\$75		\$75		\$75		\$75		
Annual Maximum	\$1500 <sup>2</sup>		N/A		\$1000 <sup>2</sup>		N/A		\$1,000 <sup>2</sup>		N/A		
<b>Diagnostic Evaluations</b>	100%		100%		90%		90%		90%		90%		
Preventive	100%		100%		90%		90%		Please refer to the Outline of Coverage for schedule of benefits.		90%		
Diagnostic Radiographs	100%		100%		90%		90%				90%		
<b>Misc Preventive Services</b>	80%		80%		90%		90%				90%		
Basic Restorative	80%		80%		70%		70%				70%		
Non-Surgical Extractions	80%		80%		70%		70%				70%		
Non-Surgical Periodontal	80%		80%		70%		70%				70%		
Adjunctive Services	80%		80%		70%		70%				70%		
Endodontics	80%		80%		50%		50%				50%		
Oral Surgery	80%		80%		50%		50%				50%		
Surgical Periodontal	80%		80%		50%		50%				50%		
Major Restorative	50%		50%		50%		50%				50%		
Prosthodontics	50%		50%		50%		50%				50%		
Misc Restorative & Prosthodontics Services	50%		50%		50%		50%				50%		
Orthodontics (under 21 only)	50%		50%		50%		50%				50%		
Out of Pocket Maximum <sup>6</sup>	\$700 one child / \$1400 2+ children		\$700 one child / \$1400 2+ children										
Monthly premium rates for BlueCare Dental <sup>3</sup>													
	Region I <sup>4</sup>	Region II <sup>5</sup>	Regi	on I <sup>4</sup>	Regio	on II <sup>5</sup>							
	Adult	Adult	Child	Child	Adult	Adult	Child	Child	Adult	Child	Adult	Child	
Primary Applicant	\$40.44	\$33.16	\$46.99	\$38.53	\$26.33	\$21.59	\$27.56	\$22.60	\$34.70	\$27.56	\$29.00	\$22.60	
Member + Spouse	\$80.88	\$66.32	N/A	N/A	\$52.66	\$43.18	N/A	N/A	\$69.40	N/A	\$58.00	N/A	
Member + 1 Child	\$87.43	\$71.69	N/A	N/A	\$53.89	\$44.19	N/A	N/A	\$62.26	N/A	\$51.60	N/A	
Family*	\$221.85	\$181.91	N/A	N/A	\$135.34	\$110.98	N/A	N/A	\$152.08	N/A	\$125.80	N/A	

Get more information at **bcbstx.com** or call 800-531-4456. Or contact an independent Blue Cross and Blue Shield of Texas agent.

All benefits are based upon the Allowable Amount, which is the amount determined by BCBSTX as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses.

<sup>\*</sup> Includes insured, spouse, and three or more children

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

<sup>2.</sup> Annual maximum does not apply to members under age 21.

<sup>3.</sup> Rates subject to change.

<sup>4.</sup> Region 1 rates apply to members residing in the following counties: Archer, Austin, Bastrop, Brazoria, Caldwell, Chambers, Clay, Collin, Dallas, Delta, Denton, Ellis, Fort Bend, Galveston, Grayson, Harris, Hays, Hunt, Johnson, Kaufman, Liberty, Montgomery, Parker, Rockwall, San Jacinto, Tarrant, Travis, Waller, Wichita, Williamson and Wise.

<sup>5.</sup> Region 2 rates apply to all members residing in counties outside Region 1

<sup>6</sup> Out of Pocket Maximum only applies to members under age 21.

<sup>7.</sup> The plans listed above refer to the following plans on your Outline of Coverage: 01 = 1A, 02 = 1B, 03 = 2A, 96 = 4 Kids 1A, 97 = 4 Kids 1B