

Dental Schedule of Coverage



The Deductibles, Coinsurance, and Annual Maximum below are subject to change as permitted by applicable law.

BlueCare DentalSM
DTXHM11

<i>Covered Services</i>	<i>Dental Benefits</i>
Diagnostic Evaluations <i>(deductible waived)</i>	100%
Preventive Services <i>(deductible waived)</i>	100%
Diagnostic Radiographs <i>(deductible waived)</i>	100%
Miscellaneous Preventive Services <i>(deductible waived)</i>	100%
Basic Restorative Services	80%
Non-Surgical Extractions	Not Covered
Non-Surgical Periodontal Services	Not Covered
Adjunctive Services	Not Covered
Endodontic Services	Not Covered
Oral Surgery Services	Not Covered
Surgical Periodontal Services	Not Covered
Major Restorative Services	Not Covered
Prosthodontic Services	Not Covered
Miscellaneous Restorative and Prosthodontic Services	Not Covered
Implants	Not Covered
Orthodontia	Not Covered
Deductible	\$25 individual / \$75 family
Annual Maximum	\$750

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.