

BlueCare DentalSM 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 KidsSM. 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
- \$50 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)
- 80% 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 Plans¹

Benefits Payable

| | BlueCare Dental 1A | BlueCare Dental 4 Kids 1A | BlueCare Dental 1B ² | BlueCare Dental 4 Kids 1B | BlueCare Dental 2A | |
|--|--|--|--|--|---|-------|
| | | | | | Adult | Child |
| Deductible (3x Family) | \$50 | \$50 | \$75 | \$75 | \$75 | \$75 |
| Annual Maximum | \$1500 ³ | N/A | \$1000 ³ | N/A | \$1,000 ³ | N/A |
| Diagnostic Evaluations | 100% | 100% | 90% | 80% | Please refer to the Outline of Coverage for schedule of benefits. | 80% |
| Preventive | 100% | 100% | 90% | 80% | | 80% |
| Diagnostic Radiographs | 100% | 100% | 90% | 80% | | 80% |
| Misc Preventive Services | 80% | 80% | 90% | 80% | | 80% |
| Basic Restorative | 80% | 80% | 70% | 50% | | 50% |
| Non-Surgical Extractions | 80% | 80% | 70% | 50% | | 50% |
| Non-Surgical Periodontal | 80% | 80% | 70% | 50% | | 50% |
| Adjunctive Services | 80% | 80% | 70% | 50% | | 50% |
| 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 (asegurados con hasta 19 años de edad) | N/A | 50%** | N/A | 50%** | 50%** | |
| Out of Pocket Maximum⁴ | \$350 one child / \$700 2+ children | \$350 one child / \$700 2+ children | \$350 one child / \$700 2+ children | \$350 one child / \$700 2+ children | \$350 one child / \$700 2+ children | |

Monthly premium rates for BlueCare Dental⁵

| | Region I ⁶ | Region II ⁷ | Region I ⁶ | Region II ⁷ | Region I ⁶ | Region II ⁷ | Region I ⁶ | Region II ⁷ | Region I ⁶ | Region II ⁷ | Region I ⁶ | Region II ⁷ |
|-------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|-----------------------|------------------------|
| | Adult | Adult | Child | Child | Adult | Adult | Child | Child | Adult | Child | Adult | Child |
| Primary Applicant | \$37.60 | \$30.84 | \$38.98 | \$31.96 | \$26.33 | \$21.59 | \$27.33 | \$22.41 | \$34.70 | \$27.33 | \$28.45 | \$22.41 |
| Member + Spouse | \$75.20 | \$61.68 | N/A | N/A | \$52.66 | \$43.18 | N/A | N/A | \$69.40 | N/A | \$56.90 | N/A |
| Member + 1 Child | \$76.58 | \$62.80 | N/A | N/A | \$53.66 | \$44.00 | N/A | N/A | \$62.03 | N/A | \$50.86 | N/A |
| Family* | \$192.14 | \$157.56 | N/A | N/A | \$134.65 | \$110.41 | N/A | N/A | \$151.39 | N/A | \$124.13 | 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.

* Includes insured, spouse, and three or more children ** 24 month waiting period for Pediatric Orthodontics

- This document does not contain a complete listing of the exclusions limitations and conditions that apply to the benefits shown. For full information refer to the member's certificate of benefits booklet.
- If choosing BlueCare Dental 1B for family coverage, please refer to the policy's certificate of benefits booklet. Plan details for dependents under age 19 are not shown above.
- Annual maximum does not apply to members up to age 19.
- Out of Pocket Maximum only applies to members up to age 19.
- Rates subject to change. The rates are illustrative only.
- 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.
- Region 2 rates apply to all members residing in counties outside Region 1
- A person should not send money to the issuer of the health benefit plan in response to the advertisement; a person cannot obtain coverage under the health benefit plan until the person completes an application for coverage; benefit exclusions and limitations may apply to the health benefit plan.

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

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.