Texas Association of Counties Health and Employee Benefits Pool

Webb County Dental-Custom

Type of Service	Benefit**
General Provisions	
Calendar Year Deductible (4th quarter carryover applies)	*$50 Individual / $150 Family*
Deductible credit from prior carrier (Applied on initial group enrollment only)	*Yes*
Calendar Year Maximum per Participant	*$1,000*
Diagnostic and Preventive Care Benefits (deductible waived)	
Oral Examinations (2 exams per Calendar Year) Prophylaxis (2 cleanings per Calendar Year) Fluoride Treatment Sealants Dental X-rays (Subject to booklet provision) Labs and Tests	*100%*
Miscellaneous Services	
Space Maintainers Palliative Care	*80%*
Restorative Services	
Amalgams and Composites Simple Extractions Pin Retention	*80%*
General Services	
Anesthesia Stainless Steel Crowns Recementation of crowns, inlays/onlays Crown repair Reline/Rebase Recementation and repair of bridges Denture repair	*80%*
Endodontic Services	
Root canal therapy Direct pulp cap Apicoectomy/Apexification Retrograde filling Root amputation/hemisection Therapeutic pulpotomy Gross pulpal debridement	*80%*
Periodontal Services	
Periodontal scaling and root planing Full mouth debridement Gingivectomy/gingivoplasty Gingival flap procedure Osseous surgery and grafts Soft tissue grafts	*80%*
Oral Surgery Services	
Surgical tooth extractions Alveoloplasty Vestibuloplasty	80%
Crowns, Inlays/Onlays Services	
Prefabricated post and cores	*50%*
Prosthodontic Services	
Bridges and dentures	*50%*
Orthodontic Benefits	
Orthodontic Diagnostic Procedures and Treatment Available to all Webb County employees Services provided no more than 24 months Lifetime Maximum per Participant	*50%* *$1,000*

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

See a Contracting Dentist		See a Non-Contracting Dentist
BlueCare Dentist	DentaBlue Dentist	
• 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	• Your out-of-pocket cost may be greater because DentaBlue Dentists have contracted to accept a higher 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 DentaBlue Dentists	• 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.
- No age limit for orthodontic benefits.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion will not apply to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSTX which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

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

Initials _____ Date _____