



BlueCross BlueShield  
of Texas



## Enrollment Guide

City of Live Oak Employee Benefits Trust  
PPO  
10/01



*This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.*

## Summary of Dental Benefits

### Program Basics

### Contracting Dentist

### Non-Contracting Dentist

<b>Benefit Period Maximum</b>	\$1,500	
<b>Deductible</b>	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family

## Covered Services

<b>Diagnostic Evaluations</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
<b>Preventive Services</b> Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
<b>Diagnostic Radiographs</b> Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
<b>Miscellaneous Preventive Services</b> Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
<b>Basic Restorative Services</b> Amalgams Resin-based composite restorations	80%	80%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
<b>Non-Surgical Periodontal Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
<b>Adjunctive Services</b> Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%

**Contracting Dentist**

**Non-Contracting Dentist**

**Covered Services (continued)**

<b>Oral Surgery Services</b> Surgical tooth extractions Alveoplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%	80%
<b>Major Restorative Services</b> Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
<b>Prosthodontic Services</b> Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
<b>Implants</b>	50%	50%
<b>Miscellaneous Restorative and Prosthodontic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%

**Orthodontic Services**

<b>Orthodontic Services</b>  Orthodontic Diagnostic Procedures and Treatment  Lifetime Maximum per Participant  Adult coverage and dependent children to age 19	50%  \$1,500  (Deductible does not apply)
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The above is a listing of common services available through your network of Contracting Dentists. The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

Benefits for covered services received from a Contracting Dentist are based on the Allowable Amount, and such Dentist cannot balance bill for charges in excess of this Allowable Amount. Benefits for covered services received from a Non-Contracting Dentist will be based upon an Allowable Amount determined by BCBSTX, where non-contracting Allowable Amount will be not less than the amount BCBSTX would have paid, for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist, and it is possible that such Dentist will balance bill for amounts above this.

This plan includes BlueCare Dental Enhanced Benefit<sup>SM</sup>. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



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## Covered Services

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Contracting Dentist

Non-Contracting Dentist

**Covered Services (continued)**

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**Orthodontic Services**

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Dental implants are not covered.

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

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 covered 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

This plan includes BlueCare Dental Enhanced Benefit<sup>SM</sup>. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

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# PPO Overview

When you choose a preferred provider organization (PPO) plan, you and your covered family members can receive care from any licensed doctor, hospital or other provider. If you use a network doctor, typically you'll pay less out-of-pocket, you usually won't have to file any claims, and you'll get the highest level of benefits. If you use a doctor outside the network, you'll still be covered, but your out-of-pocket costs usually will be higher. There are many reasons to choose the Blue Cross and Blue Shield of Texas (BCBSTX) PPO plan:

- Choosing your own doctor
- Seeing a specialist without a referral
- Getting care in a hospital that is close to home or one that is known worldwide
- Having the freedom to decide what's best for you and your family.

Your health and wellness are important. BCBSTX gives you access to online tools and a variety of medical services including preventive and wellness services\*, such as:

- Annual physicals
- Emergency care
- Well-woman care, including mammograms and osteoporosis (bone density) screenings
- Colorectal and prostate cancer screenings
- Well-child care, including immunizations and hearing screenings
- Hospital and surgical care
- Lab tests and X-rays
- Maternity care (if applicable)
- Behavioral health and chemical dependency treatments

To find a contracting doctor or hospital, use the Provider Finder<sup>®</sup> tool at [bcbstx.com](http://bcbstx.com). Once you become a BCBSTX member, you can also call the toll-free Customer Service number on the back of your member ID card.

\* Certain limitations may apply depending on your specific health plan. Review your specific health care plan documents.



## Blue Choice PPO<sup>SM</sup>

*Finding a Blue Choice PPO provider is easy. Use the Provider Finder<sup>®</sup> tool located at [bcbstx.com](http://bcbstx.com).*

As a member of Blue Cross and Blue Shield of Texas (BCBSTX), you will be able to choose doctors, hospitals and other providers from the Blue Choice PPO network, one of the largest in Texas. You have the freedom to choose any doctor, hospital or other provider in this network and receive the highest level of benefits. If you travel, you will have access to BlueCard<sup>®</sup>, a national program that helps members get health care services while traveling across the country and in more than 200 countries and territories worldwide.

**Remember, to receive the highest level of benefits, you must receive care from providers in the Blue Choice PPO network\*.**

Blue Choice PPO network providers have contracted with BCBSTX to provide health care services at negotiated rates.

By choosing a Blue Choice PPO network provider, you will pay less out-of-pocket. Usually you won't have to file claims, and you'll get the highest level of benefits. If you choose an out-of-network provider, you will still be covered, but your out-of-pocket costs may be higher and you may be responsible for filing your own claims.

\*An allowable amount is the maximum amount Blue Cross and Blue Shield of Texas will reimburse a doctor or hospital for a covered service. When you receive care in network, you will not be responsible for charges above the allowable amount.

However, if you receive or receive care out of network, covered services will be paid at a lower level, and you may be responsible for charges over the allowable amount.



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[bcbstx.com](http://bcbstx.com)

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