BlueCare Dental[SM]
PPO

BlueCross BlueShield of Texas

Exyte Americas Holding, Inc.

Effective: 1/1/2026

The following is a listing of common services available through your BlueCare Dental PPO[SM] plan. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

Summary of Dental Benefits

PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist UCR 90th
Benefit Period Maximum: Calendar Year	$2,000	$2,000
Deductible: Calendar Year	$50 Individual $150 Family	$50 Individual $150 Family
COVERED SERVICES		
Class 1: Preventive Services ***(Deductible does not apply)*** Prophylaxis/Routine Cleanings Periodic Oral Evaluations Problem Focused Oral Evaluations Comprehensive Oral Evaluations Topical Fluoride X-rays Full-Mouth, Pano, Bitewing, Periapical Sealants Space Maintainers	100%	100%
Class 2: Basic Restorative Services Amalgam (silver) and Composite (tooth colored) Fillings Non-Surgical Extractions Scaling and Root Planing Periodontal Maintenance Palliative Treatment (emergency care to relieve pain) Deep Sedation/General Anesthesia Endodontics (Root Canal) Oral Surgery and Surgical Extractions Major Periodontics Repairs – Crown and Bridge Extraction of completely bony impacted teeth	80%	80%
Class 3: Major Restorative Services Crowns, Inlays, Onlays Denture Reline/Rebase Bridges and Dentures	50%	50%
Class 4: Orthodontics Orthodontic Diagnostic Procedures and Treatment Coverage for Adults and Dependent Children (to age 26) **Lifetime Maximum Ortho Benefit per Participant**	50% **$5,000**	50% **$5,000**

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Benefit Limitations & Frequencies:	
Oral Evaluations	2 per year
Comprehensive Evaluations	1 per 36 months
Prophy/Cleanings	2 per year
Fluoride Application	1 per year for children up to age 14
X-rays Full Mouth Panoramic	1 per 60 months
X-rays: Bitewings	1 per year
Sealants (per tooth)	1 per lifetime up to age 14
Space Maintainers	1 per lifetime up to age 14
Amalgam and Composite Fillings	1 per tooth per 12 months
Periodontal Maintenance	2 per year
Crowns/Dentures/Bridges	Replacement every 7 years
Denture Reline/Rebase	1 per 36 months

Included Plan Features:

Missing Tooth Inclusion: This plan covers replacement of tooth/teeth missing prior to your effective date under this policy.

No Benefit Waiting Period: There is no required period of time a member must be covered under the plan before receiving coverage for dental procedures.

Three-Month Deductible Carryover: Any covered dental expenses incurred in the final 3 months of the plan year and applied toward satisfaction of the deductible for that plan year will also be applied toward satisfaction of the deductible for the following plan year.

Enhanced Dental Benefit: Participants diagnosed and receiving active medical care for cardiovascular disease, diabetes, prediabetes or pregnancy qualify for one of the following enhanced dental benefits after standard benefits are exhausted: one additional cleaning, periodontal scaling and root planing or periodontal maintenance. Enhanced benefit services will apply toward your individual annual maximum.

BlueMax Advantage: Provides members with an increase to their annual maximum each year they are covered under the plan. Annual increase of $150 for a maximum period of 3 years.

Year 2 Annual Maximum	**$2,150**
Year 3 Annual Maximum	**$2,300**
Year 4 Annual Maximum	**$2,450**

Predetermination of benefits is recommended, but not required, for services in excess of $300.

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations and exclusions, please refer to the Certificate of Coverage.

QR Code to Provider Finder site