



**BlueCross BlueShield  
of Texas**

## TEXAS DENTAL PLANS QUOTE

# City of Joshua

Prospective Premium Projection  
for the period  
October 1, 2024 - September 30, 2025

**Proposal Effective 10/1/2024**

*Presented by:*

*Blue Cross Blue Shield of Texas*

## The BlueCare Dental<sup>SM</sup> Advantage

As a full service carrier, Blue Cross and Blue Shield of Texas (BCBSTX) offers comprehensive dental plans to enhance employers' benefit packages. Our experience speaks for itself:

- Offering dental since 1975
- Over 3.2 million dental members administered nationally

### Key advantages of standard BCBSTX dental plans include:

- Fully Insured and Voluntary plans available
- Choice of coinsurance options, deductibles and annual maximums
- Coverage for orthodontia services available for both children and adults
- Access to one of the largest national networks
- Proactive dental wellness program included with all dental plans
- Option to pair with medical creating administrative efficiencies

### Dedicated to Customer Service

- Dental-only claims and customer service units located in the U.S
- Unmatched member experience
- Daily claim audits for processing and financial accuracy
- Voluntary post-call surveys to members with over 89% satisfaction rate as of mid-June 2017

### Network Access

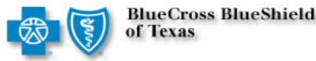
With over 71,000 access points in Texas and over 451,000 Nationwide, BCBSTX offers our members the largest national network in terms of dental access points resulting in greater access to care. Network dentists agree to accept the allowable amount as payment in full for eligible dental expenses. Members save money each time they utilize a network dentist, making annual dental dollars go further.

### BlueCare Dental Connection<sup>SM</sup>

BlueCare Dental Connection is a proactive dental wellness program that offers educational information and outreach to help your employees make important decisions about their dental care. To help educate at-risk members about the importance of maintaining good oral and overall health, BlueCare Dental Connection provides:

- Educational mailings
- 24-hour online access to the Dental Wellness Center which offers current educational articles and special tools to assist members with their oral care

To complement our wellness program, BCBSTX provides BlueCare Dental Enhanced Benefit<sup>SM</sup> to all group dental plans. The Enhanced Benefit provides coverage for those that require additional dental care due to high-risk medical conditions such as pregnancy, heart disease or diabetes. Enhanced Benefit includes an extra cleaning in addition to the two per year standardly offered as well as 100% coverage for periodontal cleanings that are standardly covered at 80% or below.



## Texas Dental Plans

Group Name: City of Joshua  
 Group Number:

Effective Date: 10/01/2024

Plan	Allocation of Services	Deductible (In-Network/ Out-Of-Network)	Coinsurance (In-Network/ Out-Of-Network)	Annual Maximum	Orthodontics Lifetime Maximum	Out-Of-Network Reimbursement	Implants	Waiting Periods	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Total Monthly Dental Cost**
<b>Recommended Plan (Contributory Group)</b>													
DTNHR33	High	\$50/\$50	100/80/50/50 100/80/50/50	\$1,500	\$1,500	90th R&C	Yes	No	\$33.35	\$66.69	\$92.94	\$139.64	\$2741.01

Plan	Allocation of Services	Deductible (In-Network/ Out-Of-Network)	Coinsurance (In-Network/ Out-Of-Network)	Annual Maximum	Orthodontics Lifetime Maximum	Out-Of-Network Reimbursement	Implants	Waiting Periods	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Total Monthly Dental Cost**
<b>Contributory Group</b>													
DTNHR30	High	\$25/\$25	100/80/50/50 100/80/50/50	\$5,000	\$2,000	90th R&C	Yes	No	\$43.69	\$87.37	\$110.61	\$169.30	\$3402.57
DTNHR31	High	\$25/\$25	100/80/50/50 100/80/50/50	\$3,000	\$2,000	90th R&C	Yes	No	\$40.81	\$81.63	\$107.83	\$163.67	\$3254.59
DTNHR32	High	\$50/\$50	100/80/50/50 100/80/50/50	\$2,000	\$2,000	90th R&C	Yes	No	\$37.25	\$74.50	\$102.82	\$154.77	\$3044.92
DTNHR34	High	\$50/\$50	100/80/50/50 100/80/50/50	\$1,000	\$1,000	90th R&C	Yes	No	\$30.72	\$61.44	\$88.91	\$132.67	\$2580.64
DTNLR35	Low	\$50/\$50	100/80/50 100/80/50	\$1,500	N/A	90th R&C	No	No	\$29.91	\$59.83	\$79.97	\$121.10	\$2401.19
DTNLR36	Low	\$50/\$50	100/80/50 100/80/50	\$1,000	N/A	90th R&C	No	No	\$26.70	\$53.41	\$74.58	\$112.01	\$2197.43
DTNLR37	Low	\$75/\$75	90/70/50 90/70/50	\$1,000	N/A	90th R&C	No	No	\$23.28	\$46.56	\$64.48	\$96.99	\$1906.68
DTNLM38	Low	\$50/\$50	100/80/50/50 100/80/50/50	\$1,500	\$1,000	MAC	No	No	\$21.96	\$43.92	\$64.32	\$95.77	\$1857.64
DTNHM39	High	\$50/\$50	100/80/50 100/80/50	\$1,500	N/A	MAC	No	No	\$23.58	\$47.16	\$64.30	\$97.01	\$1914.20
DTNLM40	Low	\$75/\$75	90/70/50 90/70/50	\$1,000	N/A	MAC	No	No	\$16.53	\$33.06	\$46.94	\$70.28	\$1373.36
DTNHM41	High	\$25/\$25	100/80 100/80	\$750	N/A	MAC	No	No	\$8.88	\$17.75	\$30.97	\$44.80	\$834.97
DTNLM44	Low	\$50/\$50	100/80/50 100/80/50	\$1,000	N/A	MAC	No	No	\$19.06	\$38.11	\$54.42	\$81.40	\$1588.53
DTNHR50	High	\$50/\$50	100/80/50 100/80/50	\$1,500	N/A	90th R&C	No	No	\$33.05	\$66.11	\$88.15	\$133.55	\$2649.63
DTNHM57	High	\$50/\$50	100/100/60/50 100/100/60/50	\$1,500	\$1,500	MAC	Yes	No	\$33.35	\$66.69	\$92.94	\$139.64	\$2741.01
DTNLR58	Low	\$50/\$50	100/80/50/50 100/80/50/50	\$1,000	\$1,000	90th R&C	No	No	\$28.12	\$56.25	\$83.20	\$123.67	\$2392.95

Plan	Allocation of Services	Deductible (In-Network/ Out-Of-Network)	Coinsurance (In-Network/ Out-Of-Network)	Annual Maximum	Orthodontics Lifetime Maximum	Out-Of-Network Reimbursement	Implants	Waiting Periods	Employee Only	Employee + Spouse	Employee + Children	Employee + Family	Total Monthly Dental Cost**
<b>Voluntary</b>													
DTNHR42	High	\$50/\$50	100/80/50/50 100/80/50/50	\$1,500	\$1,500	90th R&C	No	Yes	\$34.72	\$69.44	\$100.14	\$149.51	\$2910.76
DTNHM43	High	\$50/\$50	100/80/50 100/80/50	\$1,500	N/A	MAC	No	Yes	\$25.35	\$50.70	\$70.03	\$105.40	\$2073.16
DTNHM45	High	\$25/\$25	100/80 100/80	\$750	N/A	MAC	No	No	\$9.76	\$19.53	\$34.07	\$49.28	\$918.31
DTNLR46	Low	\$50/\$50	100/80/50/50 100/80/50/50	\$1,500	\$1,000	90th R&C	No	Yes	\$32.81	\$65.62	\$93.97	\$140.49	\$2739.52
DTNLM49	Low	\$50/\$50	100/80/50 100/80/50	\$1,000	N/A	MAC	No	Yes	\$20.55	\$41.11	\$59.38	\$88.63	\$1724.71
DTNHR51	High	\$50/\$50	100/80/50/50 100/80/50/50	\$1,000	\$1,000	90th R&C	No	Yes	\$32.55	\$65.11	\$96.46	\$143.34	\$2772.51
DTNHR52	High	\$50/\$50	100/80/50 100/80/50	\$1,500	N/A	90th R&C	No	Yes	\$35.53	\$71.05	\$95.99	\$145.07	\$2869.09
DTNLR53	Low	\$50/\$50	100/80/50 100/80/50	\$1,000	N/A	90th R&C	No	Yes	\$29.36	\$58.72	\$82.03	\$123.19	\$2416.64
DTNLM54	Low	\$50/\$50	100/80/50/50 100/80/50/50	\$1,000	\$1,000	MAC	No	Yes	\$21.62	\$43.24	\$66.45	\$98.12	\$1881.72
DTNHM59	High	\$50/\$50	100/100/60/50 100/100/60/50	\$1,500	\$1,500	MAC	No	Yes	\$34.72	\$69.44	\$100.14	\$149.51	\$2910.76
DTNLR60	Low	\$50/\$50	100/80/50/50 100/80/50/50	\$1,000	\$1,000	90th R&C	No	Yes	\$30.28	\$60.56	\$90.64	\$134.45	\$2594.44

\*\*Total Monthly Health Cost includes the effects of Health Insurer Fee, plus any federal and state taxes applicable to these fees.

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage)  
 Coinsurance Type - II : Basic Restorative, Simple Extractions, Non-surg Perio (both High & Low Coverage), Endodontics, Oral Surgery, Surgical Perio (High)  
 Coinsurance Type - III: Major Restorative, Prothodontics, Prothsodontics (both High & Low Coverage), Endodontics, Oral Surgery, Surgical Perio (Low)  
 Coinsurance Type - IV: Ortho (both High & Low Coverage)  
 R&C: Reasonable and Customary, MAC: Max. Allowed Charge  
 \*Waived Deductible applies to all Class I services and 3x family deductible limit.  
 \*\*Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prothodontics/Misc Rest & Prosth Services  
 \*\*\* Class I services do not apply to annual maximum for DTNLR58 and DTNLR60  
 Contributory Group = (>75% Participation > 50% Employer Contribution), Voluntary = (>25% Participation and <50% Employer Contribution)  
 The rates include 10% commission

Dual Option Guidelines - Groups (10+)	
<b>Contributory Group</b> Any contributory group high option can be paired with any contributory group low option. DTNHM41 can be freely paired with any contributory group. DTNHM57 can be paired with DTNHR33	<b>Voluntary</b> Any voluntary high option can be paired with any voluntary low option. DTNHM45 can be freely paired with any voluntary option. DTNHM59 can be paired with DTNHR42

## Dental Limitations and Exclusions

These general limitations and exclusions apply to all services described in this dental Contract. Dental coverage is limited to services provided by a Dentist, a dental auxiliary, (as defined in the DEFINITION section) licensed to perform services covered under this dental Contract. Exclusions — What Is Not Covered

1. Services or supplies not specifically listed as an Eligible Dental Expense, or when they are related to a noncovered service.
2. Amounts which are in excess of the Allowable Amount, as determined by the Plan.
3. Dental services for treatment of congenital or developmental malformation, or services performed for cosmetic purposes, including but not limited to bleaching teeth and grafts to improve aesthetics.
4. Dental services or appliances for the diagnosis and/or treatment of temporomandibular joint dysfunction and related disorders, unless specifically mentioned in this Benefit Booklet or if resulting from accidental injury. Dental services or appliances to increase vertical dimension, unless specifically mentioned in this Benefit Booklet.
5. Dental services which are performed due to an Accidental Injury. Injury caused by chewing or biting an object or substance placed in your mouth is not considered an accidental injury.
6. Services and supplies for any illness or injury suffered after the Participant's Effective Date:
  - as a result of war or any act of war, declared or undeclared; or
  - while on active or reserve duty in the armed forces of any country or international authority.
7. Services or supplies that do not meet accepted standards of dental practice.
8. Services or supplies which are Experimental/Investigational in nature or not fully approved by a Council of the American Dental Association.
9. Hospital and ancillary charges.
10. Implants and any related services and supplies (other than crowns, bridges and dentures supported by implants) associated with the placement and care of implants, unless your Dental Schedule of Coverage shows that the dental plan chosen provides coverage for implant services.
11. Services or supplies for which you are not required to make payment or would have no legal obligation to pay if you did not have this or similar coverage.
12. Services or supplies for which "discounts" or waiver of Deductible or Coinsurance Amounts are offered.
13. Services or supplies received from someone other than a Dentist, except for those services received from a licensed dental hygienist under the supervision and guidance of a Dentist, where applicable.
14. Services or supplies received for behavior management or consultation purposes.
15. Any services or supplies provided in connection with an occupational sickness or an injury sustained in the scope of and in the course of any employment whether or not benefits are, or could upon proper claim be, provided under the Workers' Compensation law.
16. Any services or supplies for which benefits are, or could upon proper claim be, provided under any laws enacted by the Legislature of any state, or by the Congress of the United States, or any laws, regulations or established procedures of any county or municipality, except any program which is a state plan for medical/dental assistance (Medicaid); provided, however, that this exclusion shall not be applicable to any coverage held by the Participant for dental expenses which is written as a part of or in conjunction with any automobile casualty insurance policy.
17. Charges for nutritional, tobacco or oral hygiene counseling.
18. Charges for local, state or territorial taxes on dental services or procedures.
19. Charges for the administration of infection control procedures as required by OSHA, local, state or federal mandates.
20. Charges for duplicate, temporary or provisional prosthetic device or other duplicate, temporary or provisional appliances.
21. Charges for telephone consultations, email or other electronic consultations, missed appointments, completion of a claim form or forwarding requested records or x-rays.
22. Charges for prescription or non-prescription mouthwashes, rinses, topical solutions, preparations or medicament carriers.
23. Charges for personalized complete or partial dentures and overdentures, related services and supplies, or other specialized techniques.
24. Charges for athletic mouth guards, isolation of tooth with rubber dam, metal copings, mobilization of erupted/malpositioned tooth, precision attachments for partials and/or dentures and stress breakers.
25. Charges for a partial or full denture or fixed bridge which includes replacement of a tooth which was missing prior to your Effective Date under this Contract; except this exclusion will not apply if such partial or full denture or fixed bridge also includes replacement of a missing tooth which was extracted after your Effective Date.
26. Any services, treatments or supplies included as Eligible Dental Expenses under other hospital, medical and/or surgical coverage.
27. Case presentations or detailed and extensive treatment planning when billed for separately.
28. Charges for occlusion analysis or occlusal adjustments.