



Dental Plans

BLUE CROSS BLUE SHIELD

IN-NETWORK

OUT-OF-NETWORK

Calendar Year Deductible	\$50 Indiv / \$150 Family	\$50 Indiv / \$150 Family
Preventive Care (i.e. cleanings)	100% of allowed amount	80% of allowed amount
Basic Care (e.g. fillings)	80% of allowed amount	80% of allowed amount
Major Care (e.g. crowns, dentures)	50% of allowed amount	50% of allowed amount
Annual Maximum Benefit	\$1,500	\$1,500
Orthodontia	50% - Child only up to age 19	50% - Child only up to age 19
Orthodontia Lifetime Benefit	\$1,500	\$1,500

Employee Contributions

Pay Frequency*	12	17	24
Employee Only	\$25.00	\$17.65	\$12.50
Employee + Children	\$75.00	\$52.94	\$37.50
Employee + Spouse	\$50.00	\$35.29	\$25.00
Employee + Family	\$100.00	\$70.59	\$50.00

* Pay Frequency: Column 12 - Monthly Pay

Column 17 - Biweekly Pay (Bus Drivers, Child Nutrition Employees)

Column 24 - Semi-monthly Pay (Custodians, Maintenance, Police, Mechanics)

Your plan allows you to see any dentist. However, you can save money by seeing a BCBSTX DentaBlue in-network dentist. In-network dentist cannot balance bill you the amount above the BCBSTX allowed amount. Locate in-network dentist on your MyMISD App or at www.bcbstx.com