

The following is a listing of common services available through your BlueCare Dental PPO network.

The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

BENEFIT HIGHLIGHTS

Program Basics

Contracting Provider*

Non-Contracting Provider**

Benefit Period Maximum

\$1,000 per benefit period

\$1,000 per benefit period

Deductible

\$50 per person per benefit period
\$150 maximum per family

\$50 per person per benefit period
\$150 maximum per family

Services

Diagnostic & Preventive Services

Dental exams
Cleanings
X-rays
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

Miscellaneous Services

Sealants
Space maintainers
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Periodontic Services

Scaling & root planing
Gingivectomy / gingivoplasty
Osseous surgery

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Crowns, Inlays / Onlays Services

Crowns
Inlays / onlays
Prefabricated posts and cores
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Prosthodontic Services

Bridges and dentures
Reline / rebase of dentures
Addition of tooth or clasp
Repair of bridges and dentures

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Orthodontics

Coverage for dependent children to age 19

\$1,000 Lifetime maximum

\$1,000 Lifetime maximum

* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

Effective
09/1/2018