



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 Choice Certificate for additional benefit information.

## BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider*
<b>Annual Maximum Benefit (calendar year)</b> Benefit Waiting Period: None	\$1,000	\$1,000
<b>Deductible</b> Deductible amounts do not cross-apply in the network and out-of-network levels of coverage.	\$50 per person per benefit period \$150 maximum per family	\$75 per person per benefit period \$225 maximum per family
<b>Services</b>		
<b>Diagnostic &amp; Preventive Services**</b>		
Dental exams	100% of Maximum Allowance	80% of Maximum Allowance
Cleanings		
X-rays		
Fluoride treatment		
<b>Miscellaneous Services</b>		
Sealants	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Space maintainers		
Labs & tests		
<b>Emergency Care</b>		
Treatment for the relief of pain	80% of Maximum Allowance after deductible	80% of Maximum Allowance after deductible
<b>Restorative Services</b>		
Routine fillings (amalgams and resins)	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Pin retention		
Simple extractions		
<b>General Services</b>		
Intravenous sedation	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
General anesthesia		
Stainless steel crowns		
<b>Endodontic Services</b>		
Root canals	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Pulp caps		
Apicoectomy / apexification		
<b>Periodontic Services</b>		
Scaling & root planing	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Gingivectomy / gingivoplasty		
Osseous surgery		
<b>Oral Surgery Services</b>		
Surgical extractions	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Alveoloplasty		
Vestibuloplasty		
<b>Crowns, Inlays / Onlays Services</b>		
Crowns	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Inlays / onlays		
Prefabricated posts and cores		
Repair and recementation of crown, inlays / onlays		
<b>Prosthetic Services</b>		
Bridges and dentures	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Reline / rebase of dentures		
Addition of tooth or clasp		
Repair of bridges and dentures		
<b>Orthodontics</b>		
Not Covered	Not Covered	Not Covered

**\* Schedule of Maximum Allowances**

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Non-contracting providers do not** accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

\*\* Deductible does not apply.