



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 Freedom 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
<b>Deductible</b>		\$25 per person per benefit period \$75 maximum per family
<b>Services</b>		
<b>Diagnostic &amp; Preventive Services**</b> Dental exams Cleanings X-rays Fluoride treatment	100% of Maximum Allowance	100% of Usual & Customary
<b>Miscellaneous Services**</b> Sealants Space maintainers Labs & tests	100% of Maximum Allowance	100% of Usual & Customary
<b>Emergency Care</b> Treatment for the relief of pain	100% of Maximum Allowance	100% of Usual & Customary
<b>Restorative Services</b> Routine fillings (amalgams and resins) Pin retention Simple extractions	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
<b>General Services</b> Intravenous sedation General anesthesia Stainless steel crowns	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
<b>Endodontic Services</b> Root canals Pulp caps Apicoectomy / apexification	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
<b>Periodontic Services</b> Scaling & root planing Gingivectomy / gingivoplasty Osseous surgery	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
<b>Oral Surgery Services</b> Surgical extractions Alveoloplasty Vestibuloplasty	80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible
<b>Crowns, Inlays / Onlays Services</b> Crowns Inlays / onlays Prefabricated posts and cores Repair and recementation of crown, inlays / onlays	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
<b>Prosthetic Services</b> 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 & Customary after deductible
<b>Orthodontics (not included in Annual Maximum Benefit)**</b> Coverage for adults and children	50% of Maximum Allowance to the Orthodontia Lifetime Maximum of \$1,000	50% of Usual & Customary to the Orthodontia Lifetime Maximum of \$1,000

**\* 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.