



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*

Annual Maximum Benefit (calendar year)

Benefit Waiting Period: None

\$1,500

Deductible

\$25 per person per benefit period
\$75 maximum per family

Services

Diagnostic & Preventive Services **

Dental exams
Cleanings
X-rays
Fluoride treatment

100% of Maximum Allowance

100% of Usual & Customary

Miscellaneous Services **

Sealants
Space maintainers
Labs & tests

100% of Maximum Allowance

100% of Usual & Customary

Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual & Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
after deductible

80% of Usual & Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

80% of Maximum Allowance
after deductible

80% of Usual & Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

80% of Maximum Allowance
after deductible

80% of Usual & Customary
after deductible

Periodontic Services

Scaling & root planing
Gingivectomy / gingivoplasty
Osseous surgery

80% of Maximum Allowance
after deductible

80% of Usual & Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

80% of Maximum Allowance
after deductible

80% of Usual & 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 & Customary
after deductible

Prosthetic 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 & Customary
after deductible

Orthodontics

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.