



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

Annual Maximum Benefit (calendar year)
Benefit Waiting Period: None

\$1,000

Deductible

\$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 & 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.