



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		\$1,000
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 Emergency Care Treatment for the relief of pain	80% of Maximum Allowance after deductible 80% of Maximum Allowance after deductible	80% of Usual & Customary after deductible 80% of Usual & Customary after deductible
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	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
Endodontic Services Root canals Pulp caps Apicoectomy / apexification	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
Periodontic Services Scaling & root planing Gingivectomy / gingivoplasty Osseous surgery	50% of Maximum Allowance after deductible	50% of Usual & Customary after deductible
Oral Surgery Services Surgical extractions Alveoloplasty Vestibuloplasty	50% of Maximum Allowance after deductible	50% 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.