



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

\$750

#### 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

80% of Maximum Allowance  
after deductible

80% of Usual & Customary  
after deductible

#### Emergency Care

Treatment for the relief of pain

80% of Maximum Allowance  
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.