



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 Certificate for additional benefit information.

## BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider*
<b>Annual Maximum Benefit (calendar year)</b> <i>Benefit Waiting Period: None</i>	\$1,500	\$1,500
<b>Deductible</b> <i>Deductible amounts do not cross-apply in the network and out-of-network levels of coverage.</i>	\$0	\$0
<b>Services</b>		
<b>Diagnostic &amp; Preventive Services</b> Dental exams-limited to two every 12 months Cleanings-limited to two every 12 months X-rays- four bitewings every twelve months, full mouth series every 36 months (3) years Fluoride treatment for children-limited to two every 12 months up to age 19	100% of Maximum Allowance	100% of Maximum Allowance
<b>Miscellaneous Services</b> Sealants -once per permanent molar per lifetime up to age 16 Space maintainers-lifetime maximum of one appliance per missing tooth site up to age 19	100% of Maximum Allowance	100% of Maximum Allowance
<b>Emergency Care</b> Treatment for the relief of pain	100% of Maximum Allowance	100% of Maximum Allowance
<b>Restorative Services</b> Routine fillings (amalgams and resins) Pin retention Simple extractions Repair and recementation of crown, inlays / onlays Repair of bridges and dentures	90% of Maximum Allowance	90% of Maximum Allowance
<b>General Services</b> Intravenous sedation General anesthesia Stainless steel crowns Labs & tests	90% of Maximum Allowance	90% of Maximum Allowance
<b>Endodontic Services</b> Root canals Pulp caps Apicoectomy / apexification	90% of Maximum Allowance	90% of Maximum Allowance
<b>Periodontic Services</b> Scaling & root planing Gingivectomy / gingivoplasty Osseous surgery	90% of Maximum Allowance	90% of Maximum Allowance
<b>Crowns, Inlays / Onlays Services</b> Crowns Inlays / onlays Prefabricated posts and cores	60% of Maximum Allowance	60% of Maximum Allowance
<b>Prosthetic Services</b> Bridges and dentures Reline / rebase of dentures Addition of tooth or clasp	60% of Maximum Allowance	60% of Maximum Allowance
<b>Orthodontics</b> \$1,500 lifetime maximum for adults & child(ren)	50% of Maximum Allowance	50% of Maximum Allowance

\* 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.

## PLAN FEATURES

- There is a \$1,500 annual maximum for Preventive, Basic and Major services combined.
- Children are covered up to age 25.
- No waiting periods apply for eligible employees/dependents.
- In-network and Out-of-network benefits receive the same co-insurance percentages, but all benefits are paid based on the contracted fee schedule. When seeking In-network care you receive regular contracted savings, and no balance billing. If choosing Out-of-network care, charges will be paid for only up to the maximum fee level established with our contracted network dentists; any amount that is charged over the fee schedule is the responsibility of the patient.
- Special Provision:** Services or treatment to replace teeth that were missing prior to the Effective Date of Coverage are **not** eligible for coverage, except for those teeth missing due to congenital defects.