

BlueCare Dental Freedom PPO

"Coverage Allocation" refers to the placement of the Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II. Low allocation means that these services are covered in Type III.

High Coverage Allocation

\$25/\$75 Deductible (ind./fam.)

Plan ID & Benefit Highlight Form #	DHUF01 #21204		DHUF02 #21205		DHUF03 #21206		DHUF06 #21209		DHUF12 #21215		DHUF14 #21217	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Network	SMA	90 th U&C	SMA	90 th U&C	SMA	90 th U&C	SMA	90 th U&C	SMA	90 th U&C	SMA	90 th U&C
Provider Reimbursement Level												
Annual Maximum	\$2,000		\$2,000		\$1,500		\$1,000		\$1,500		\$1,000	
Deductible (ind./fam.)	\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75	
Service Categories	Diagnostic & Preventive	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Miscellaneous	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Restorative	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	General	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Endodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Periodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Crowns & Inlays / Onlays	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Prosthodontic	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Orthodontic (adult & child)	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*	N/C	N/C	N/C
Orthodontic Lifetime Maximum	\$2,000		\$1,500		\$1,500		\$1,000		N/C		N/C	

* deductible does not apply

High Coverage Allocation

\$50/\$150 Deductible (ind./fam.)

Plan ID & Benefit Highlight Form #	DHUF04 #21207		DHUF05 #21208		DHUF07 #21210		DHSF10 #21213		DHUF13 #21216		DHUF15 #21218	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Network	SMA	90 th U&C	SMA	90 th U&C	SMA	90 th U&C	SMA	SMA	SMA	90 th U&C	SMA	90 th U&C
Provider Reimbursement Level												
Annual Maximum	\$1,500		\$1,500		\$1,000		\$1,000		\$1,500		\$1,000	
Deductible (ind./fam.)	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Service Categories	Diagnostic & Preventive	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Miscellaneous	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Restorative	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	General	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Endodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Periodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Crowns & Inlays / Onlays	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Prosthodontic	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Orthodontic (adult & child)	50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*	N/C	N/C	N/C
Orthodontic Lifetime Maximum	\$1,500		\$1,000		\$1,000		\$1,000		N/C		N/C	

* deductible does not apply

High Coverage Allocation
\$50/\$150 Deductible (ind./fam.)

Low Coverage Allocation
\$50/\$150 Deductible

Plan ID & Benefit Highlight Form #	DHUF21 #22451		DHUF22 #22452		
	In	Out	In	Out	
Network	SMA	90th U&C	SMA	90th U&C	
Provider Reimbursement Level					
Annual Maximum	\$1,250		\$1,250		
Deductible (ind./fam.)	\$50/\$150		\$50/\$150		
Service Categories	Diagnostic & Preventive	100%*	100%*	100%*	100%*
	Miscellaneous	100%*	100%*	100%*	100%*
	Restorative	80%	80%	80%	80%
	General	80%	80%	80%	80%
	Endodontic	80%	80%	80%	80%
	Periodontic	80%	80%	80%	80%
	Oral Surgery	80%	80%	80%	80%
	Crowns & Inlays / Onlays	50%	50%	50%	50%
	Prosthodontic	50%	50%	50%	50%
	Orthodontic (adult & child)	N/C	N/C	50%*	50%*
Orthodontic Lifetime Maximum	N/C	N/C	\$1,000		

DLUF08 #21211	DLSF11 #21214	DLUF16 #21219	
		In	Out
SMA	90th U&C	SMA	SMA
\$1,000		\$1,000	
\$50/\$150		\$50/\$150	
100%*	100%*	100%*	100%*
80%	80%	80%	80%
80%	80%	80%	80%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%*	50%*	50%*	50%*
\$1,000		\$1,000	
		N/C	
		N/C	

* deductible does not apply

BlueCare Dental Freedom PPO

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Low Coverage Allocation
\$50/\$150 Deductible (ind./fam.) Cont'd

Plan ID & Benefit Highlight Form #	DLUF18 #21221		DLUF19 #21222		DLSF20 #21223		DLUF23 #22453		DLUF24 #22454		DLUF25 #22455	
	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Network	SMA	90th U&C	SMA	90th U&C	SMA	SMA	SMA	90th U&C	SMA	90th U&C	SMA	90th U&C
Provider Reimbursement Level												
Annual Maximum	\$750		\$1,000		\$1,000		\$1,250		\$1,250		\$1,500	
Deductible (ind./fam.)	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	
Service Categories	Diagnostic & Preventive	100%*	100%*	80%*	80%*	100%*	100%*	100%*	100%*	100%*	100%*	100%*
	Miscellaneous	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	Restorative	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	General	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Endodontic	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Periodontic	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Oral Surgery	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Crowns & Inlays / Onlays	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Prosthodontic	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
	Orthodontic (adult & child)	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	50%	50%	50%
Orthodontic Lifetime Maximum	N/C	N/C	N/C	N/C	N/C	N/C	N/C	N/C	\$1,000		\$1,000	

BlueCare Dental Choice PPO

"Coverage Allocation" refers to the placement of the Endodontic, Periodontic and Oral Surgery service categories. High allocation means that these services are covered in Type II. Low allocation means that these services are covered in Type III.

High Coverage Allocation

\$25/\$75 Deductible (ind./fam.)

Plan ID & Benefit Highlight Form #		DHUC01 #21224	
Network		In	Out
Provider Reimbursement Level		SMA	90th U&C
Annual Maximum		\$1,500	\$1,000
Deductible (ind./fam.)		\$25/\$75	\$50/\$150
Service Categories	Diagnostic & Preventive	100%*	100%*
	Miscellaneous	100%*	100%*
	Restorative	90%	80%
	General	90%	80%
	Endodontic	90%	80%
	Periodontic	90%	80%
	Oral Surgery	90%	80%
	Crowns & Inlays / Onlays	60%	50%
	Prosthodontic	60%	50%
	Orthodontic (adult & child)	50%*	50%*
Orthodontic Lifetime Maximum		\$1,000	

* deductible does not apply

\$50/\$150 Deductible (ind./fam.)

DHUC02 #21225		DHUC03 #21226		DHUC04 #21227		DHUC05 #21228	
In	Out	In	Out	In	Out	In	Out
SMA	90th U&C	SMA	90th U&C	SMA	90th U&C	SMA	90th U&C
\$1,000	\$1,000	\$1,000	\$1,000	\$1,250	\$1,000	\$1,000	\$1,000
\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225	\$50/\$150	\$50/\$150
100%*	100%*	100%*	90%*	100%*	80%*	100%*	80%*
100%*	100%*	100%*	90%*	100%*	80%*	100%*	80%*
90%	80%	80%	70%	80%	60%	80%	60%
90%	80%	80%	70%	80%	60%	80%	60%
90%	80%	80%	70%	80%	60%	80%	60%
90%	80%	80%	70%	80%	60%	80%	60%
90%	80%	80%	70%	80%	60%	80%	60%
60%	50%	50%	50%	50%	50%	50%	50%
60%	50%	50%	50%	50%	50%	50%	50%
50%*	50%*	50%*	50%*	50%*	50%*	50%*	50%*
\$1,000		\$1,000		\$1,000		\$1,000	

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High Coverage Allocation

\$50/\$150 Deductible (ind./fam.) Cont'd

Plan ID & Benefit Highlight Form #		DHSC09 #21232	
Network		In	Out
Provider Reimbursement Level		SMA	SMA
Annual Maximum		\$1,250	\$1,000
Deductible (ind./fam.)		\$50/\$150	\$50/\$150
Service Categories	Diagnostic & Preventive	100%*	80%*
	Miscellaneous	100%*	80%*
	Restorative	80%	60%
	General	80%	60%
	Endodontic	80%	60%
	Periodontic	80%	60%
	Oral Surgery	80%	60%
	Crowns & Inlays / Onlays	50%	50%
	Prosthodontic	50%	50%
	Orthodontic (adult & child)	N/C	N/C
Orthodontic Lifetime Maximum		N/C	

Low Coverage Allocation

\$50/\$150 Deductible

DLUC08 #21231		DLSC10 #21233	
In	Out	In	Out
SMA	90th U&C	SMA	SMA
\$1,000	\$1,000	\$1,000	\$1,000
\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225
100%*	80%*	100%*	80%*
80%	60%	80%	60%
80%	60%	80%	60%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
50%	50%	50%	50%
N/C	N/C	N/C	N/C
N/C	N/C	N/C	N/C