



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*

Benefit Period Maximum

\$750

Deductible

\$50 per person per benefit period
\$150 maximum per family

Dependent Coverage

Unmarried dependent children are covered to age 26.
Eligible military personnel are covered to age 30.

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.