

BlueCare Dental Freedom PPO

New for 1/1/08

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

Plan ID	DHUF04		DHSF10		DLSF11		DLUF16		DLUF18		DLSF20	
Network	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Provider Reimbursement Level	SMA	90 th U&C	SMA	SMA	SMA	SMA	SMA	90 th U&C	SMA	90 th U&C	SMA	SMA
Annual Maximum	\$1,500		\$1,000		\$1,000		\$1,000		\$750		\$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%*	80%	80%	80%	80%	80%	80%	80%
	Restorative	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
	General	80%	80%	80%	80%	50%	50%	50%	50%	50%	50%	50%
	Endodontic	80%	80%	80%	80%	50%	50%	50%	50%	50%	50%	50%
	Periodontic	80%	80%	80%	80%	50%	50%	50%	50%	50%	50%	50%
	Oral Surgery	80%	80%	80%	80%	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)	50%*	50%*	50%*	50%*	50%*	50%*	N/C	N/C	N/C	N/C	N/C
Orthodontic Lifetime Maximum	\$1,500	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	N/C	N/C	N/C	N/C	N/C	N/C

* deductible does not apply

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

Plan ID	DHUC04		DHSC09		DLUC08		DLSC10		
Network	In	Out	In	Out	In	Out	In	Out	
Provider Reimbursement Level	SMA	90 th U&C	SMA	SMA	SMA	90 th U&C	SMA	SMA	
Annual Maximum	\$1,250	\$1,000	\$1,250	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Deductible (ind./fam.)	\$50/\$150	\$75/\$225	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$75/\$225	
Service Categories	Diagnostic & Preventive	100%*	80%*	100%*	80%*	100%*	80%*	100%*	80%*
	Miscellaneous	100%*	80%*	100%*	80%*	80%	60%	80%	60%
	Restorative	80%	60%	80%	60%	80%	60%	80%	60%
	General	80%	60%	80%	60%	50%	50%	50%	50%
	Endodontic	80%	60%	80%	60%	50%	50%	50%	50%
	Periodontic	80%	60%	80%	60%	50%	50%	50%	50%
	Oral Surgery	80%	60%	80%	60%	50%	50%	50%	50%
	Crowns & Inlays / Onlays	50%	50%	50%	50%	50%	50%	50%	50%
	Prosthodontic	50%	50%	50%	50%	50%	50%	50%	50%
	Orthodontic (adult & child)	50%*	50%*	N/C	N/C	N/C	N/C	N/C	N/C
Orthodontic Lifetime Maximum	\$1,000	\$1,000	N/C	N/C	N/C	N/C	N/C	N/C	

* deductible does not apply