

The following is a listing of common services available through your BlueCare Dental HMO providers.

The member's share of the cost is determined when care is received from a contracting dentist.

This information only provides highlights of this program. Please refer to the BlueCare Dental HMO Certificate for additional information.

## BENEFIT HIGHLIGHTS

### Services

### Copayment (Member Pays)

#### Diagnostic & Preventive

Dental examinations	\$0
Bitewing x-rays	\$0
Prophylaxis – adult & child cleaning	\$0
Fluoride treatment	\$0

#### Miscellaneous

Pulp vitality tests	\$13
Sealant application – per tooth	\$13
Space maintainer – fixed – unilateral	\$86
Emergency care (treatment for the relief of pain)	\$23

#### Restorative (includes postoperative evaluation and local anesthetic)

Amalgam – one surface	\$34
Resin-based composite – one surface anterior	\$39
Resin-based composite three surfaces anterior	\$59
Pin retention (per tooth) – in addition to restoration	\$14
Extraction erupted tooth or exposed root	\$41

#### General

Prefabricated stainless steel crown – primary	\$105
Deep sedation / general anesthesia – first 30 minutes	\$140
Occlusal adjustment - limited	\$44

#### Endodontics (includes postoperative evaluation and local anesthetic)

Pulp cap – direct	\$28
Root canal – anterior	\$280
Root canal – bicuspid	\$342
Root canal – molar	\$442
Apicoectomy / periradicular surgery - bicuspid	\$321

## Program Basics

#### Out-Of-Area Emergency Care

Emergency treatment refers only to those dental services to alleviate pain and suffering. Emergency care received from a dental provider other than the primary care dentist will be reimbursed up to a maximum amount of \$50

#### Accidental Injury

There is no coverage for accidental injury, which is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages resulting from normal chewing function will be covered at the schedule of benefits based on the plan.

#### Age Limitations

Unmarried dependent children are covered to age 19. Dependent full-time students are covered to age 25.

#### Maximum Annual Benefit

None

### Services

### Copayment (Member Pays)

#### Periodontics (includes postoperative evaluation and local anesthetic)

Gingivectomy or gingivoplasty – per quadrant (1-3 teeth)	\$104
Osseous surgery, flap entry and closure – per quadrant (1-3 teeth)	\$241
Scaling and root planing – per quadrant (1-3 teeth)	\$50
Periodontal maintenance	\$53

#### Oral Surgery (includes postoperative evaluation and local anesthetic)

Surgical removal of tooth – soft tissue impaction	\$134
Surgical removal of tooth – partial bony impaction	\$179
Alveoplasty – without extractions – per quadrant	\$558

#### Crowns, Inlays / Onlays

Inlay – porcelain / ceramic – one surface	\$355
Onlay – porcelain / ceramic – two surfaces	\$388
Crown – porcelain fused to noble metal	\$429
Crown – ¾ porcelain / ceramic	\$444
Crown – full cast noble metal	\$419

#### Prosthodontic

Complete denture – maxillary	\$569
Mandibular partial denture – resin base	\$558
Pontic – porcelain fused to noble metal	\$394
Inlay – porcelain / ceramic two surfaces (bridge retainer)	\$337
Onlay – porcelain / ceramic two surfaces (bridge retainer)	\$367
Crown – porcelain fused to noble metal (bridge retainer)	\$441
Crown ¾ porcelain / ceramic (bridge retainer)	\$448

#### Orthodontics

Includes consultations, records fee, treatment and retention. Coverage is limited to one course of Phase II treatment. Total coverage period for treatment and retention will be for a maximum of 24 months.

Member	\$3,600
Spouse	\$3,600
Eligible child to age 19	\$3,600