



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

\$1,000

##### Deductible

\$75 per person per benefit period  
\$225 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

##### Prosthodontic 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.