



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 Choice Certificate for additional benefit information.

BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum	\$1,000	\$1,000
Deductible	\$50 per person per benefit period \$150 maximum per family	\$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	80% of Usual & Customary
Miscellaneous Services Sealants Space maintainers Labs & tests	100% of Maximum Allowance	80% of Usual & Customary
Emergency Care Treatment for the relief of pain	100% of Maximum Allowance	100% of Usual & Customary
Restorative Services Routine fillings (amalgams and resins) Pin retention Simple extractions	80% of Maximum Allowance after deductible	60% of Usual & Customary after deductible
General Services Intravenous sedation General anesthesia Stainless steel crowns	80% of Maximum Allowance after deductible	60% of Usual & Customary after deductible
Endodontic Services Root canals Pulp caps Apicoectomy / apexification	80% of Maximum Allowance after deductible	60% of Usual & Customary after deductible
Periodontic Services Scaling & root planing Gingivectomy / gingivoplasty Osseous surgery	80% of Maximum Allowance after deductible	60% of Usual & Customary after deductible
Oral Surgery Services Surgical extractions Alveoloplasty Vestibuloplasty	80% of Maximum Allowance after deductible	60% 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.