



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	\$1,250	\$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	100% of Maximum Allowance	80% of Maximum Allowance
Cleanings		
X-rays		
Fluoride treatment		
Miscellaneous Services		
Sealants	100% of Maximum Allowance	80% of Maximum Allowance
Space maintainers		
Labs & tests		
Emergency Care		
Treatment for the relief of pain	100% of Maximum Allowance	100% of Maximum Allowance
Restorative Services		
Routine fillings (amalgams and resins)	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Pin retention		
Simple extractions		
General Services		
Intravenous sedation	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
General anesthesia		
Stainless steel crowns		
Endodontic Services		
Root canals	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Pulp caps		
Apicoectomy / apexification		
Periodontic Services		
Scaling & root planing	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Gingivectomy / gingivoplasty		
Osseous surgery		
Oral Surgery Services		
Surgical extractions	80% of Maximum Allowance after deductible	60% of Maximum Allowance after deductible
Alveoloplasty		
Vestibuloplasty		
Crowns, Inlays / Onlays Services		
Crowns	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Inlays / onlays		
Prefabricated posts and cores		
Repair and recementation of crown, inlays / onlays		
Prosthetic Services		
Bridges and dentures	50% of Maximum Allowance after deductible	50% of Maximum Allowance after deductible
Reline / rebase of dentures		
Addition of tooth or clasp		
Repair of bridges and dentures		
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.