BlueCross BlueShield of Illinois

# BlueCare Dental PPO℠

Plan ID: DINHR02

*This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.*

## Summary of Dental Benefits

| Program Basics | In Network | Out of Network* |
|---|---|---|
| **Benefit Period Maximum** | $2,000 | |
| **Deductible** | $50 Individual/$150 Family | $50 Individual/$150 Family |

## Covered Services

| Covered Services | In Network | Out of Network* |
|---|---|---|
| **Diagnostic Evaluations**<br>Periodic oral evaluations<br>Problem focused oral evaluations<br>Comprehensive oral evaluations | 100%<br>(Deductible does not apply) | 100%<br>(Deductible does not apply) |
| **Preventive Services**<br>Prophylaxis (cleanings)<br>Topical fluoride applications | 100%<br>(Deductible does not apply) | 100%<br>(Deductible does not apply) |
| **Diagnostic Radiographs**<br>Full-mouth and panoramic films<br>Bitewing films<br>Periapical films | 100%<br>(Deductible does not apply) | 100%<br>(Deductible does not apply) |
| **Miscellaneous Preventive Services**<br>Sealants<br>Space maintainers | 100%<br>(Deductible does not apply) | 100%<br>(Deductible does not apply) |
| **Basic Restorative Dental Services**<br>Amalgams<br>Resin-based composite restorations | 80% | 80% |
| **Non-Surgical Extractions**<br>Removal of retained coronal remnants<br>Removal of erupted tooth or exposed root | 80% | 80% |
| **Non-Surgical Periodontal Services**<br>Periodontal scaling and root planing<br>Full-mouth debridement<br>Periodontal maintenance procedures | 80% | 80% |
| **Adjunctive Services**<br>Palliative treatment (emergency)<br>Deep sedation / general anesthesia | 80% | 80% |
| **Endodontic Services**<br>Therapeutic pulpotomy and pulpal debridement<br>Root canal therapy<br>Apexification/recalcification | 80% | 80% |

| | In Network | Out of Network* |
|---|---|---|
| **Covered Services** (continued) | | |
| **Oral Surgery Services**<br>Surgical tooth extractions<br>Alveoloplasty and vestibuloplasty<br>Excision of benign odontogenic tumor/cyst<br>Excision of bone tissue<br>Incision and drainage of an intraoral abscess | 80% | 80% |
| **Surgical Periodontal Services**<br>Gingivectomy or gingivoplasty and gingival flap procedures<br>Clinical crown lengthening<br>Osseous surgery<br>Osseous grafts<br>Soft tissue grafts/allografts<br>Distal or proximal wedge procedure<br>Anatomical crown exposures | 80% | 80% |
| **Major Restorative Services**<br>Single crown restorations<br>Gold foil and inlay/onlay restorations<br>Labial veneer restorations<br>Crowns placed over implants | 50% | 50% |
| **Prosthodontic Services**<br>Complete and removable partial dentures<br>Denture reline/rebase procedures<br>Fixed bridgework<br>Prosthetics placed over implants<br>Implants | 50% | 50% |
| **Miscellaneous Restorative and Prosthodontic Services**<br>Prefabricated crowns<br>Recementations<br>Post and core, pin retention and crown/bridge repairs<br>Adjustments | 50% | 50% |

## Orthodontic Services

| **Orthodontic Services** | |
|---|---|
| Orthodontic Diagnostic Procedures and Treatment | 50% |
| Lifetime Maximum per Participant | $2,000<br>(Deductible does not apply) |

**The above is a listing of common services available through your network of Participating Dentists.**
**The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.**

***Services from non-participating providers will be subject to reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.**

**This plan includes BlueCare Dental Enhanced Benefit℠. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning and 100% coverage for periodontal cleanings to members with specific health issues at no additional cost. Please refer to your Dental Benefit Booklet for additional benefit information.**

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