

BlueCare[®] Dental

The following is a listing of common services available this scheduled dental benefit program.

SCHEDULED BENEFIT HIGHLIGHTS

Program Basics

Annual Maximum Benefit (calendar year)

Benefit Waiting Period: None

\$1,000

Deductible (waived for diagnostic & preventive services)

Per Individual:

\$75

Family Maximum:

\$225

Contracting
Provider*

Non-Contracting
Provider*

Services

Diagnostic & Preventive Services

D0120 Periodic oral evaluation	\$12
D0150 Comprehensive oral evaluation	\$21
D0210 Interoral complete series	\$43
D0274 Bitewings – 4 films	\$18
D1110 Prophylaxis – adult cleaning	\$30

Restorative Services

D2140 Amalgam – 1 surface	\$20
D2150 Amalgam – 2 surfaces	\$26
D2331 Resin-based composite – 2 surfaces anterior	\$30
D2335 Resin-based composite – 4 or more surfaces	\$44

Endodontic Services

D3310 Root canal – anterior	\$110
D3320 Root canal – bicuspid	\$133
D3330 Root canal – molar	\$168

Periodontic Services

D4210 Gingivectomy or gingivoplasty – 4 or more teeth per quadrant	\$48
D4211 Gingivectomy or gingivoplasty – 1 to 3 teeth per quadrant	\$29
D4341 Periodontal scaling and root planning – 4 or more teeth per quadrant	\$39

Oral Surgery Services

D7210 Surgical extraction	\$39
D7220 Removal of impacted tooth – soft tissue	\$55
D7230 Removal of impacted tooth – partially bony	\$72
D7240 Removal of impacted tooth – completely bony	\$82

Crowns, Inlays / Onlays Services

D2750 Crown – porcelain fused to high noble metal	\$196
D2752 Crown – porcelain fused to noble metal	\$188
D2792 Crown – full cast noble metal	\$170

Prosthodontic Services

D5110 Complete denture – maxillary	\$225
D5213 Maxillary partial denture	\$282
D5750 Reline complete maxillary denture (laboratory)	\$72
D6240 Pontic – porcelain fused to high noble metal	\$192
D6750 Crown – porcelain fused to high noble metal	\$197

Orthodontics

Not Covered