

The following is a listing of common services available through your BlueCare Dental HMO providers.
The member's share of the cost is determined when care is received from a contracting dentist.

This information only provides highlights of this program. Please refer to the BlueCare Dental Preferred Choice Certificate for additional information.

BENEFIT HIGHLIGHTS

Services	Copayment (Member Pays)	Services	Copayment (Member Pays)
Diagnostic & Preventive		Periodontics (includes postoperative evaluation and local anesthetic)	
Dental evaluations	\$0	Gingivectomy or gingivoplasty – per quadrant (1-3 teeth)	\$104
Bitewing x-rays	\$0	Osseous surgery, flap entry and closure – per quadrant (1-3 teeth)	\$241
Prophylaxis – adult & child cleaning	\$0	Scaling and root planing – per quadrant (1-3 teeth)	\$50
Fluoride treatment	\$0	Periodontal maintenance	\$53
Miscellaneous		Oral Surgery (includes postoperative evaluation and local anesthetic)	
Pulp vitality tests	\$13	Surgical removal of tooth – soft tissue impaction	\$134
Sealant application – per tooth	\$13	Surgical removal of tooth – partial bony impaction	\$179
Space maintainer – fixed – unilateral	\$86	Alveoloplasty – without extractions – per quadrant	\$558
Palliative care (treatment for the relief of pain)	\$23		
Restorative (includes postoperative evaluation and local anesthetic)		Crowns, Inlays / Onlays	
Amalgam – one surface	\$34	Inlay – porcelain / ceramic – one surface	\$355
Resin-based composite – one surface anterior	\$39	Onlay – porcelain / ceramic – two surfaces	\$388
Resin-based composite three surfaces anterior	\$59	Crown – porcelain fused to noble metal	\$429
Pin retention (per tooth) – in addition to restoration	\$14	Crown – ¾ porcelain / ceramic	\$444
Extraction erupted tooth or exposed root	\$41	Crown – full cast noble metal	\$419
General		Prosthodontic	
Prefabricated stainless steel crown – primary	\$105	Complete denture – maxillary	\$569
Deep sedation / general anesthesia – first 15 minutes	\$59	Mandibular partial denture – resin base	\$558
Occlusal adjustment – limited	\$44	Pontic – porcelain fused to noble metal	\$394
		Inlay – porcelain / ceramic two surfaces (bridge retainer)	\$337
		Onlay – porcelain / ceramic two surfaces (bridge retainer)	\$367
		Crown – porcelain fused to noble metal (bridge retainer)	\$441
		Crown ¾ porcelain / ceramic (bridge retainer)	\$448
Endodontics (includes postoperative evaluation and local anesthetic)		Orthodontics	
Pulp cap – direct	\$28	Includes consultations, records fee, treatment and retention. Coverage is limited to one course of Phase II treatment. Total coverage period for treatment and retention will be for a maximum of 24 months.	
Root canal – anterior	\$280	x Member	\$3,600
Root canal – premolar	\$342	x Spouse	\$3,600
Root canal – molar	\$442	x Eligible child to age 19	\$3,600
Apicoectomy -pre-molar premolar	\$350		

Program Basics

Out-Of-Area Emergency Care

Emergency treatment refers only to those dental services to alleviate pain and suffering. Emergency care received from a dental provider other than the primary care dentist will be reimbursed up to a maximum amount of \$50.

Accidental Injury

There is no coverage for accidental injury, which is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages resulting from normal chewing function will be covered at the schedule of benefits based on the plan.

Age Limitations

Unmarried dependent children are covered to age 26. Document supported military veteran dependents are covered to age 30.

Maximum Annual Benefit

None