

## Art Institute of Chicago

**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 Certificate for additional benefit information.

### BENEFIT HIGHLIGHTS

#### Program Basics

#### Contracting Provider\*

#### Non-Contracting Provider\* 90% U & C

##### Benefit Period Maximum

\$1,500 per benefit period

\$1,500 per benefit period

##### Deductible

\$50 per person per benefit period  
\$150 maximum per family

\$100 per person per benefit period  
\$300 maximum per family

##### Dependent Coverage

Spouse and unmarried dependent up to age 26

### Services

#### Diagnostic & Preventive Services

Dental exams and Cleanings  
Bitewing X-rays  
Full mouth & Panoramic X-rays  
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

#### Miscellaneous Services

Sealants  
Space maintainers  
Labs & tests  
Emergency Care (treatment for the relief of pain)

100% of Maximum Allowance

100% of Usual and Customary

#### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

80% of Maximum Allowance  
After deductible

60% of Usual and Customary  
After deductible

#### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

80% of Maximum Allowance  
After deductible

60% of Usual and Customary  
After deductible

#### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

80% of Maximum Allowance  
After deductible

60% of Usual and Customary  
After deductible

#### Periodontic Services

Scaling & root planning  
Gingivectomy / gingivoplasty  
Osseous surgery  
Periodontal Maintenance

80% of Maximum Allowance  
After deductible

60% of Usual and Customary  
After deductible

#### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

80% of Maximum Allowance  
After deductible

60% of Usual and 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

40% of Usual and Customary  
After deductible

#### Prosthodontic Services

Bridges and dentures  
Reline / rebase of dentures  
Addition of tooth or clasp  
Repair of bridges and dentures  
Implants

50% of Maximum Allowance  
After deductible

40% of Usual and Customary  
After deductible

#### Orthodontics

Coverage for adults and dependent.

50% coverage for adults and dependent children.  
\$1,500 Lifetime Maximum

50% coverage for adults and dependent children.  
\$1,500 Lifetime Maximum

#### \* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. \*\*Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

**Rev. 07/2022**