

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 HMO Certificate for additional information.

### BENEFIT HIGHLIGHTS

Services	Copayment (Member Pays)	Services	Copayment (Member Pays)
<b>Diagnostic &amp; Preventive</b>		<b>Periodontics (includes postoperative evaluation and local anesthetic)</b>	
Periodic oral evaluations	\$0	Gingivectomy or gingivoplasty – per quadrant (1-3 teeth)	\$155
Bitewing x-rays	\$0	Osseous surgery, flap entry and closure – per quadrant (1-3 teeth)	\$390
Prophylaxis – adult /child cleaning	\$25 / \$15	Scaling and root planing – per quadrant (1-3 teeth)	\$80
Fluoride treatment	\$0	Periodontal maintenance	\$85
<b>Miscellaneous</b>		<b>Oral Surgery (includes postoperative evaluation and local anesthetic)</b>	
Pulp vitality tests	\$0	Surgical removal of tooth – soft tissue impaction	\$215
Sealant application – per tooth	\$0	Surgical removal of tooth – partial bony impaction	\$290
Space maintainer – fixed – unilateral	\$135	Alveoplasty – without extractions – per quadrant	\$410
Palliative care (treatment for the relief of pain)	\$40		
<b>Restorative (includes postoperative evaluation and local anesthetic)</b>		<b>Crowns, Inlays / Onlays</b>	
Amalgam – one surface	\$55	Inlay – porcelain / ceramic – one surface	\$555
Resin-based composite – one surface anterior	\$65	Onlay – porcelain / ceramic – two surfaces	\$605
Resin-based composite three surfaces anterior	\$95	Crown – porcelain fused to noble metal	\$650
Pin retention (per tooth) – in addition to restoration	\$25	Crown – ¾ porcelain / ceramic	\$650
Extraction erupted tooth or exposed root	\$110	Crown – full cast noble metal	\$650
<b>General</b>		<b>Prosthodontic</b>	
Prefabricated stainless steel crown – primary	\$115	Complete denture – maxillary	\$860
Deep sedation / general anesthesia – first 15 minutes	\$95	Mandibular partial denture – resin base	\$845
Occlusal adjustment – limited	\$45	Pontic – porcelain fused to noble metal	\$635
		Inlay – porcelain / ceramic two surfaces (bridge retainer)	\$485
		Onlay – porcelain / ceramic two surfaces (bridge retainer)	\$530
		Crown – porcelain fused to noble metal (bridge retainer)	\$635
		Crown ¾ porcelain / ceramic (bridge retainer)	\$645
<b>Endodontics (includes postoperative evaluation and local anesthetic)</b>		<b>Orthodontics</b>	
Pulp cap – direct	\$55	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	\$450	• Member	\$4,600
Root canal – premolar	\$550	• Spouse	\$4,600
Root canal – molar	\$680	• Eligible child to age 19	\$4,600
Apicoectomy – premolar	\$545		

### 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 covered to age 30.

#### Maximum Annual Benefit

None