



BlueCross BlueShield  
of Illinois

# BlueCare Dental PPO<sup>SM</sup> Voluntary

Plan ID: DINHR53

*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

### Contracting Dentist

### Non-Contracting Dentist\*

#### Benefit Period Maximum

\$1,500

#### Deductible

\$50 Individual/\$150 Family

\$50 Individual/\$150 Family

## Covered Services

#### Diagnostic Evaluations

Periodic oral evaluations  
Problem focused oral evaluations  
Comprehensive oral evaluations

100%  
(Deductible does not apply)

100%  
(Deductible does not apply)

#### Preventive Services

Prophylaxis (cleanings)  
Topical fluoride applications

100%  
(Deductible does not apply)

100%  
(Deductible does not apply)

#### Diagnostic Radiographs

Full-mouth and panoramic films  
Bitewing films  
Periapical films

100%  
(Deductible does not apply)

100%  
(Deductible does not apply)

#### Miscellaneous Preventive Services

Sealants  
Space maintainers

100%  
(Deductible does not apply)

100%  
(Deductible does not apply)

#### Basic Restorative Services

Amalgams  
Resin-based composite restorations

80%

80%

#### Non-Surgical Extractions

Removal of retained coronal remnants  
Removal of erupted tooth or exposed root

80%

80%

#### Non-Surgical Periodontal Services

Periodontal scaling and root planing  
Full-mouth debridement  
Periodontal maintenance procedures

80%

80%

#### Adjunctive Services

Palliative treatment (emergency)  
Deep sedation / general anesthesia

80%

80%

#### Endodontic Services

Therapeutic pulpotomy and pulpal debridement  
Root canal therapy  
Apexification/recalcification

80%

80%

## Covered Services (continued)

<b>Oral Surgery Services</b> Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%	80%
<b>Major Restorative Services</b> Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
<b>Prosthodontic Services</b> Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
<b>Miscellaneous Restorative and Prosthodontic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%

## Orthodontic Services

<b>Orthodontic Services</b>  Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	Not Covered
--	-------------

Dental implants are not covered.

The above is a listing of common services available through your network of Contracting Dentists.

The Member's share of the cost is determined by whether care is received from a Contracting or Non-Contracting Dentist.

\* Benefits for covered services received from a Contracting Dentist are based on the Allowable Amount, and such Dentist cannot balance bill for charges in excess of this Allowable Amount. Benefits for covered services received from a Non-Contracting Dentist will be based upon an Allowable Amount determined by BCBSIL, where non-contracting Allowable Amount will be not less than the amount BCBSIL would have paid, for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist, and it is possible that such Dentist will balance bill for amounts above this.

This plan includes BlueCare Dental Enhanced Benefit<sup>SM</sup>. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association