

## Health Care Service Corporation Basic Dental Plan

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. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

### DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
<b>Benefit Period Maximum:</b> Calendar Year	\$1,000	\$1,000
<b>Deductible:</b> Calendar Year	\$25 Individual \$75 Family	\$25 Individual \$75 Family
<b>Three Month Deductible Carryover Applies</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Services		
<b>Diagnostic Services (Deductible does not apply)</b> Periodic oral evaluations (2 per calendar year) Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
<b>Preventive Services (Deductible does not apply)</b> Prophylaxis (cleanings) (2 per calendar year) Topical fluoride applications (up to age 19) Sealants (up to age 19; one per tooth per lifetime)	100%	100%
<b>Diagnostic Radiographs (x-rays) (Deductible applies)</b> Full-mouth and panoramic films (1 per calendar year) Bitewing films Periapical films	80%	80%
<b>Miscellaneous Preventive Services (Deductible applies)</b> Space maintainers (up to age 19) Labs & Tests Pulp vitality tests (2 per calendar year)	80%	80%
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	80%	80%
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
<b>Non-Surgical Periodontic Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy	80%	80%

Apexification/recalcification		
<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 Crown repair and recementation Prefabricated crowns Post and core	70%	70%
<b>Prosthodontic Services</b> Complete and removable partial dentures Fixed bridgework Prosthetics placed over implants	50%	50%
<b>Miscellaneous Restorative and Prosthodontic Services</b> Bridge Recementations Bridge repairs and adjustments Addition of tooth or clasp Denture repair/reline/rebase procedures Denture adjustments Pin retention	80%	80%
<b>Orthodontics</b>	Not Covered	Not Covered

\*Each time you need dental care; you can choose to:

See a Contracting Provider	See a Non-Contracting Provider
<ul style="list-style-type: none"> <li>Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses</li> <li>You are not required to file claim forms</li> <li>You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists</li> </ul>	<ul style="list-style-type: none"> <li>Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSIL to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses</li> <li>You are required to file claim forms)</li> <li>You are balance billed for costs exceeding the BCBSIL Allowable Amount</li> <li>Non-contracting provider reimbursement U&amp;C 90th</li> </ul>