

## Health Care Service Corporation Enhanced 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	\$2,000	\$2,000
<b>Deductible:</b> Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 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 & Comprehensive oral evaluations Palliative treatment (emergency)	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) Labs & Tests, Pulp vitality tests (2 per calendar year)	100%	100%
<b>Diagnostic Radiographs (x-rays)</b> (Deductible does not apply) Full-mouth and panoramic films (1 per calendar year) Bitewing films Periapical films	100%	100%
<b>Miscellaneous Preventive Services (Deductible applies)</b> Space maintainers (up to age 19)	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>Adjunctive Services</b> Deep sedation / general anesthesia	80%	80%

<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%
<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 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>  <b>Deductible Waived (standard)</b> Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 26  <b>Lifetime Maximum Benefit per Participant</b>	50%       \$2,000	50%       \$2,000

\*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>