BlueCare® Dental

HMO Plan 630

BlueCross BlueShield of Illinois

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)
Diagnostic & Preventive	
Dental examinations	*$0*
Bitewing x-rays	*$0*
Prophylaxis – adult & child cleaning	*$0*
Fluoride treatment	*$0*
Miscellaneous	
Pulp vitality tests	*$0*
Sealant application – per tooth	*$0*
Space maintainer – fixed – unilateral	*$0*
Emergency care (treatment for the relief of pain)	*$10*
Restorative **(includes postoperative evaluation and local anesthetic)**	
Amalgam – one surface	*$10*
Resin-based composite – one surface anterior	*$14*
Resin-based composite three surfaces anterior	*$19*
Pin retention (per tooth) – in addition to restoration	*$11*
Extraction erupted tooth or exposed root	*$13*
General	
Prefabricated stainless steel crown – primary	*$42*
Deep sedation / general anesthesia – first 30 minutes	*$31*
Occlusal adjustment - limited	*$13*
Endodontics **(includes postoperative evaluation and local anesthetic)**	
Pulp cap – direct	*$6*
Root canal – anterior	*$70*
Root canal – bicuspid	*$85*
Root canal – molar	*$105*
Apicoectomy / periradicular surgery - bicuspid	*$85*

Services	Copayment (Member Pays)
Periodontics **(includes postoperative evaluation and local anesthetic)**	
Gingivectomy or gingivoplasty – per quadrant (1-3 teeth)	*$19*
Osseous surgery, flap entry and closure – per quadrant (1-3 teeth)	*$57*
Scaling and root planing – per quadrant (1-3 teeth)	*$12*
Periodontal maintenance	*$14*
Oral Surgery **(includes postoperative evaluation and local anesthetic)**	
Surgical removal of tooth – soft tissue impaction	*$27*
Surgical removal of tooth – partial bony impaction	*$37*
Alveoloplasty – without extractions – per quadrant	*$19*
Crowns, Inlays / Onlays	
Inlay – porcelain / ceramic – one surface	*$145*
Onlay – porcelain / ceramic – two surfaces	*$180*
Crown – porcelain fused to noble metal	*$195*
Crown – ¾ porcelain / ceramic	*$205*
Crown – full cast noble metal	*$190*
Prosthodontic	
Complete denture – maxillary	*$280*
Mandibular partial denture – resin base	*$255*
Pontic – porcelain fused to noble metal	*$195*
Inlay – porcelain / ceramic two surfaces (bridge retainer)	*$180*
Onlay – porcelain / ceramic two surfaces (bridge retainer)	*$180*
Crown – porcelain fused to noble metal (bridge retainer)	*$195*
Crown ¾ porcelain / ceramic (bridge retainer)	*$210*
Orthodontics	
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.	
• Member	*$1,500*
• Spouse	*$1,500*
• Eligible child to age 19	*$1,500*

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

Dependent children are covered to age **26**. Eligible military personnel covered to age **30**.

Maximum Annual Benefit

None