BlueCare Dental℠

PPO – Passive

BlueCross BlueShield of Illinois

Oak Lawn Community High School District 229

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 Freedom Certificate for additional benefit information.

BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider* 90th U & C
Benefit Period Maximum	*$2000 per benefit period*	
Deductible	*$100 per person per benefit period* *$200 maximum per family*	
Dependent Coverage	*Spouse and unmarried dependent up to age*	
Services		
Diagnostic & Preventive Services		
Dental exams and Cleanings **(limited to 2 per calendar year)** Bitewing X-rays **(limited to 1 set per calendar year)** Full mouth & Panoramic X-rays **(limited to 1 every 36 months)** Fluoride treatment **(to age 19, 2 per calendar year)**	*100%*	*100%*
Miscellaneous Services		
Sealants **(covered to age 19)** Space maintainers **(covered to age 19)** Labs & tests Emergency Care (treatment for the relief of pain)	*100%*	*100%*
Restorative Services		
Routine fillings (amalgams and resins) Pin retention Simple extractions	*80% after deductible*	*80% after deductible*
General Services		
Intravenous sedation General anesthesia Stainless steel crowns	*80% after deductible*	*80% after deductible*
Endodontic Services		
Root canals Pulp caps Apicoectomy / apexification	*80% after deductible*	*80% after deductible*
Periodontic Services		
Scaling & root planning **(limited to one time per quadrant per calendar year)** Gingivectomy / gingivoplasty Osseous surgery Periodontal Maintenance **(limited to 2 per calendar year)**	*80% after deductible*	*80% after deductible*
Oral Surgery Services		
Surgical extractions Alveoloplasty Vestibuloplasty	*80% after deductible*	*80% after deductible*
Crowns, Inlays / Onlays Services		
Crowns, Inlays / onlays **(limited to one per tooth every 60 months)** Prefabricated posts and cores Repair and recementation of crown, inlays / onlays	*50% after deductible*	*50% after deductible*
Prosthodontic Services		
Bridges and dentures **(limited to one every 60 months)** Reline / rebase of dentures **(limited to once every 6 months)** Addition of tooth or clasp Repair of bridges and dentures	*50% after deductible*	*50% after deductible*
Orthodontics		
Coverage for dependent eligible age X 26	*50% after deductible* *Orthodontia Lifetime Maximum of $1000*	*50% after deductible* *Orthodontia Lifetime Maximum of $1000*

*** Schedule of Maximum Allowances**