

OAK LAWN SCHOOL DISTRICT #229 09/01/2019

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.

BENEFIT HIGHLIGHTS

Program Basics

Contracting Provider*

Non-Contracting Provider*

Benefit Period Maximum

\$2,000 per calendar year

Deductible

\$100 per person per calendar year
\$200 maximum per family

Dependent Coverage

Spouse and unmarried dependent up to age 26

Services

Diagnostic & Preventive Services

Dental exams
Cleanings
X-rays
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

Miscellaneous Services

Sealants
Space maintainers
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Periodontic Services

Scaling & root planing
Gingivectomy / gingivoplasty
Osseous surgery

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

80% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Crowns, Inlays / Onlays Services

Crowns
Inlays / onlays
Prefabricated posts and cores
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Prosthodontic Services

Bridges, dentures, dental implants
Reline / rebase of dentures
Addition of tooth or clasp
Repair of bridges and dentures

50% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Orthodontics

Coverage for eligible dependent children to age 26

50% of Maximum Allowance
after deductible
Orthodontia Lifetime Maximum of \$1,000

50% of Usual and Customary
after deductible
Orthodontia Lifetime Maximum of \$1,000

* Schedule of Maximum Allowances

Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

BlueCare[®] Dental

Freedom PPO - Passive



**BlueCross BlueShield
of Illinois**