

BlueCare[®] DENTAL

Northwestern University Dental PPO



BlueCross BlueShield

Effective January 1, 2007

CUSTOMER SERVICE TOLL-FREE NUMBER

Plan Number 056909

800-367-6401

The following is a listing of common services available through your BlueCare Dental Network.
The member's share of the costs depends on whether care is received from a contracting or non-contracting provider.

HIGHLIGHT SHEET

Benefits	Contracting Provider*	Non-contracting Provider**
Benefit Period Maximum	\$2,500	
Deductible	\$50 per person per benefit period (Deductible does not apply to preventive and orthodontic services.)	\$50 per person per benefit period (Deductible does not apply to preventive and orthodontic services.)
Dependent Coverage	Spouse and unmarried dependent children whom you support up to age 23	
Preventive Services Dental Exams (2 exams per benefit period) Dental X-rays Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19, 2 applications per benefit period) Sealants Space Maintainers (to age 19)	80% of Maximum Allowance	80% of Usual & Customary
Emergency Services Emergency Exams Treatment for the relief of pain	80% of Maximum Allowance	80% of Usual & Customary
Primary Services Routine Fillings (amalgams and resins) Denture Repairs Denture Adjustments and Relining Endodontics – root canals – apicoectomy – direct pulp caps – hemisection Periodontics – scaling and root planing – gingivectomy – periodontal maintenance (up to 4 per benefit period based on periodontal history) – osseous surgery Oral Surgery – extractions, except as excluded under "Special Limitations" – alveoloplasty Recementing of Crowns and Bridges	80% of Maximum Allowance	80% of Usual & Customary
Major Services Inlays, Onlays and Crowns (other than temporary crowns) Full and Partial Dentures Denture Rebasing Bridges Bridge Repairs Crown Repairs	50% of Maximum Allowance	50% of Usual & Customary
Orthodontics Coverage for children to age 19	50% of Maximum Allowance to the Orthodontia Lifetime Maximum of \$2,500	50% of Usual & Customary to the Orthodontia Lifetime Maximum of \$2,500

Please note: This information only provides highlights of this program. After enrollment please refer to your dental benefit Certificate for additional benefit information.

Schedule of Maximum Allowances

*Contracting PPO providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Non-contracting providers are reimbursed based on the Usual & Customary fee. You will be liable for any difference between the dentist's charge and your covered benefits.