

# BlueCare<sup>®</sup> DENTAL

## Bulkmatic - Dental PPO

Effective January 1, 2009

CUSTOMER SERVICE TOLL-FREE NUMBER

Plan Number 083842

**800-573-9827**



BlueCross BlueShield

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**
<b>Benefit Period Maximum</b>	\$3,000	
<b>Deductible</b>	\$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.)
<b>Dependent Coverage</b>	Spouse and unmarried dependent children whom you support <a href="#">through age 25</a>	
<b>Preventive Services</b> 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
<b>Emergency Services</b> Emergency Exams Treatment for the relief of pain	80% of Maximum Allowance	80% of Usual & Customary
<b>Primary Services</b> Routine Fillings (amalgams and resins) 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” – alveoplasty Recementing of Crowns and Bridges	80% of Maximum Allowance	80% of Usual & Customary
<b>Major Services</b> Inlays, Onlays and Crowns (other than temporary crowns) Full and Partial Dentures Denture Repairs Denture Adjustments and Relining Denture Rebasing Bridges Bridge Repairs Crown Repairs <a href="#">Dental Implants</a>	50% of Maximum Allowance	50% of Usual & Customary
<b>Orthodontics</b> Coverage for children <a href="#">through age 25</a>	50% of Maximum Allowance to the <a href="#">Orthodontia Lifetime Maximum of \$3,000</a>	50% of Usual & Customary to the <a href="#">Orthodontia Lifetime Maximum of \$3,000</a>

**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.

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