Northwestern University - Group 006174

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**

<table>
<thead>
<tr>
<th>Program Basics</th>
<th>Contracting Provider*</th>
<th>Non-Contracting Provider* 90th U&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calendar Year Annual Maximum</strong></td>
<td><strong>$3,000</strong></td>
<td></td>
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<tr>
<td><strong>Deductible</strong></td>
<td><strong>$50 per person per calendar year</strong></td>
<td><strong>$150 maximum per family</strong></td>
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<tr>
<td><strong>Dependent Coverage</strong></td>
<td></td>
<td><strong>Spouse and dependent children up to age 26</strong></td>
</tr>
</tbody>
</table>

**Services**

- **Diagnostic & Preventive Services**
  - Dental exams and Cleanings
  - Blew X-rays
  - Full mouth & Panoramic X-rays
  - Fluoride treatment
  - 100% of Maximum Allowance
  - No Deductible
  - 100% of Usual and Customary
  - No Deductible

- **Miscellaneous Services**
  - Sealants
  - Space maintainers
  - Labs & tests
  - Emergency Care (treatment for the relief of pain)
  - 100% of Maximum Allowance
  - No Deductible
  - 100% of Usual and Customary
  - No Deductible

- **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
  - Injection of Antibiotic Drugs
  - 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 planning
  - Gingivectomy / gingivooplasty
  - Osseous surgery
  - Periodontal Maintenance
  - 80% of Maximum Allowance
  - After Deductible
  - 80% of Usual and Customary
  - After Deductible

- **Oral Surgery Services**
  - Surgical extractions
  - Alveoplasty
  - Vestibuloplasty
  - 80% of Maximum Allowance
  - After Deductible
  - 50% 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 and dentures
  - 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

- **Implant Services**
  - 50% of Maximum Allowance
  - After Deductible
  - Separate $6,000 Annual Maximum

- **Orthodontics**
  - Covered for dependent children to age 26
  - Lifetime Maximum (Dollar Amount)
  - $3,000

*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.

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