

Effingham CUSD #40 – Low Plan

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* 90th U & C

Benefit Period Maximum

\$750 per calendar year

\$750 per calendar year

Deductible

\$50 per person per calendar year
\$150 maximum per family\$75 per person per calendar year
\$225 maximum per family

Dependent Coverage

Spouse and unmarried dependent up to age 26

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)

80% of Maximum Allowance

70% of Usual and Customary

Miscellaneous Services

Sealants (covered to age 19)
Space maintainers (covered to age 19)
Labs & tests
Emergency Care (treatment for the relief of pain)

80% of Maximum Allowance

70% of Usual and Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
after deductible60% of Usual and Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

80% of Maximum Allowance
after deductible60% of Usual and Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

80% of Maximum Allowance
after deductible60% of Usual and Customary
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)

50% of Maximum Allowance
after deductible40% of Usual and Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

50% of Maximum Allowance
after deductible40% of Usual and Customary
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% of Maximum Allowance
after deductible40% of Usual and Customary
after deductible

Prosthodontic Services

Bridges, dentures and implants (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% of Maximum Allowance
after deductible40% of Usual and Customary
after deductible

Orthodontics

Coverage for eligible dependent children to age 19

50% of Maximum Allowance

50% of Usual and Customary

Orthodontia Lifetime Maximum of \$500

Orthodontia Lifetime Maximum of \$500

* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.



Effingham CUSD#40 – High Plan

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* 90th U & C

Benefit Period Maximum

\$1,000 per calendar year

\$1,000 per calendar year

Deductible

\$25 per person per calendar year
\$75 maximum per family

\$75 per person per calendar year
\$225 maximum per family

Dependent Coverage

Spouse and unmarried dependent up to age 26

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% of Maximum Allowance

100% of Usual and Customary

Miscellaneous Services

Sealants (covered to age 19)
Space maintainers (covered to age 19)
Labs & tests
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

90% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

90% of Maximum Allowance
after deductible

80% of Usual and Customary
after deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

90% of Maximum Allowance
after deductible

80% of Usual and Customary
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)

60% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

60% of Maximum Allowance
after deductible

50% of Usual and Customary
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

60% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Prosthetic Services

Bridges, dentures and implants (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

60% of Maximum Allowance
after deductible

50% of Usual and Customary
after deductible

Orthodontics

Coverage for eligible dependent children to age 19

50% of Maximum Allowance

50% of Usual and Customary

Orthodontia Lifetime Maximum of \$1,000

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. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

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