

PPO - Active



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

DENETTI IIIOTEIOTII3		
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	\$75 per person per calendar year
Dan and and Occurrence	\$150 maximum per family	\$225 maximum per family
Dependent Coverage	Spouse and unmarried dependent up to age 26	
Services		
Diametric & Brown time Complete		
Diagnostic & Preventive Services Dental exams and Cleanings (limited to 2 per calendar year)	80% of Maximum Allowance	70% of Usual and Customary
Bitewing X-rays (limited to 1 set per calendar year)	80% of Maximont Allowance	70% of osoal and costollary
Full mouth & Panoramic X-rays (limited to 1 every 36 months)		
Fluoride treatment (to age 19, 2 per calendar year)		
Miscellaneous Services	1 000 011 111	
Sealants (covered to age 19) Space maintainers (covered to age 19)	80% of Maximum Allowance	70% of Usual and Customary
Labs & tests		
Emergency Care (treatment for the relief of pain)		
Restorative Services	1	1
Routine fillings (amalgams and resins)	80% of Maximum Allowance	60% of Usual and Customary
Pin retention	after deductible	after deductible
Simple extractions		
General Services	1	I
Intravenous sedation General anesthesia	80% of Maximum Allowance after deductible	60% of Usual and Customary after deductible
Stainless steel crowns	arrei deductible	difer dedoctible
Endodontic Services		
Root canals	80% of Maximum Allowance	60% of Usual and Customary
Pulp caps	after deductible	after deductible
Apicoectomy / apexification		
Periodontic Services Scaling & root planning (limited to one time per quadrant per calendar year)	50% of Maximum Allowance	40% of Usual and Customary
Gingivectomy / gingivoplasty	after deductible	after deductible
Osseous surgery		
Periodontal Maintenance (limited to 2 per calendar year)		
Oral Surgery Services	•	
Surgical extractions Alveoloplasty	50% of Maximum Allowance after deductible	40% of Usual and Customary after deductible
Vestibuloplasty	arrer dedoctible	diter dedoctible
Crowns, Inlays / Onlays Services	•	•
Crowns, Inlays / onlays (limited to one per tooth every 60 months)	50% of Maximum Allowance	40% of Usual and Customary
Prefabricated posts and cores	after deductible	after deductible
Repair and recementation of crown, inlays / onlays	_1	<u> </u>
Prosthodontic Services	50% (544) 100 0 4/10	107 - 111 - 1 - 1 - 1
Bridges, dentures and implants (limited to one every 60 months) Reline / rebase of dentures (limited to once every 6 months)	50% of Maximum Allowance after deductible	40% of Usual and Customary after deductible
Addition of tooth or clasp	anei dedociibie	difer dedoctible
Repair of bridges and dentures		
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 \$50

* 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.

Rev. 01/2019



PPO - Active



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

DENETH HIGHLIGHIS		
Program Basics	Contracting Provider*	Non-Contracting Provider* 90th U&C
Benefit Period Maximum	41,000	1 41000
	\$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
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	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 \$1,00

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.

Rev. 01/2019