



American Library Association

Effective: 1/1/2023 - 12/31/2023

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. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* MAC
Benefit Period Maximum: Calendar Year	\$2,500.00	\$2,500.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	80%	80%
Full-mouth debridement		
Periodontal maintenance procedures		



Adjunctive Services

Palliative treatment (emergency)	80%	80%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	80%	80%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	50%	50%
Alveoloplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess (Bony impactions typically covered under medical plan)		

Surgical Periodontal Services

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	80%	80%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations	50%	50%
Inlay/onlay restorations		
Labial veneer restorations		
Crowns placed over implants		

Prosthetic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	50%
Prosthetics placed over implants		
Implants Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Misc. Restorative & Prosthetic Services

Prefabricated crowns		
Recementations	50%	50%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	50%	50%
Adults eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Dependent Children eligible Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Age Limitation 19		

Lifetime Maximum Benefit per Participant	\$1,000.00	\$1,000.00
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BlueCare[®] Dental

PPO - High Plan



BlueCross BlueShield of
Illinois

Insured: Coordination of Benefits

Birthday rule applies

Non-duplication of benefits (COB):

Yes (all benefits combined not to exceed benefits of this program)

No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:

Within 365 days of the date of service

End of the year following the year of service

Two years from the date of service

Other (explain in additional provisions section below)

Additional Provisions: Fluoride to age 14, Sealants 1 in 36 months to age 16, Periodontal Scaling & Root Planing 1 in 24 months, 10 year replacement for Major Restorative and Prosthodontic appliances.

Missing Tooth Exclusion applies:

No Exclusion

All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: Yes No

Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:

Cardiovascular disease, Diabetes or Pregnancy (standard grouping)

Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:

- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: Applies Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

*Each time you need dental care you can choose to:

See a Contracting Provider

- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider

- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSIL to accept the Maximum Allowable In-Network Amount as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSIL Allowable Amount
- Non-contracting provider reimbursement MAC

Employee Information

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSIL in advance of treatment.



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Program Basics	Contracting Provider	Non-Contracting Provider* MAC
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Deductible: Calendar Year	\$75.00 Individual \$225.00 Family	\$75.00 Individual \$225.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations	100%	100%
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