

BlueCare[®] DENTAL

PREFERRED CHOICE (PPO) DENTAL PLAN

COUNTY OF WILL



BlueCross BlueShield
of Illinois

The following is a listing of common services available through your BlueCare[®] Mutually Preferred Dental Network.
The member's share of the costs is determined whether care is received from a contracting or non-contracting provider.

HIGHLIGHTSHEET

Effective 01/01/2022

Benefits	Contracting Network Provider PPO*	Non-contracting Provider Non-PPO*
Benefit Period Maximum	\$1,675 for contracting providers and \$1275 for non-contracting providers. Dollars feed both buckets.	
Deductible	\$50 per person per benefit period \$150 maximum per family (Deductible does not apply to preventive and orthodontic services.)	
Dependent Coverage	Spouse and dependents up to age 26	
Preventive Services Dental Exams (2 exams per benefit period) Prophylaxis (2 cleanings per benefit period) Fluoride Treatment (to age 19) Dental X-rays Sealants (to age 19) Space Maintainers (to age 19)	100% of Maximum Allowance	100% of Usual & Customary
Emergency Services Emergency Exams Treatment for the relief of pain	100% of Maximum Allowance	100% of Usual & Customary
Primary Services Routine Fillings (amalgams and resins) Endodontics – root canals – apicoectomy – direct pulp caps – hemisection Periodontics – scaling and root planing – gingivectomy – periodontal maintenance – osseous surgery Oral Surgery – extractions, except as excluded under "Special Limitations" – alveoloplasty Recementing of Crowns and Bridges	80% of Maximum Allowance	80% of Usual & Customary
Major Services Inlays, Onlays and Crowns (other than temporary crowns) Full and Partial Dentures Bridges Implants Crown, Bridge and Denture Repairs Denture Adjustments, Rebasing and Relining	50% of Maximum Allowance	50% of Usual & Customary
Orthodontics Coverage for children under age 19	50% of Maximum Allowance to the Orthodontia Lifetime Maximum Benefit of \$1,200; \$50 Lifetime Deductible also applies.	50% of Usual & Customary to the Orthodontia Lifetime Maximum Benefit of \$1,200; \$50 Lifetime Deductible also applies

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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