



Herscher CUSD #2

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* UCR 90th
Benefit Period Maximum: Calendar Year	\$1,500.00	\$1,500.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Three Month Deductible Carryover Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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		
Palliative treatment (emergency)		
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

Deep sedation / general anesthesia 80% 80%

Endodontic Services

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

Oral Surgery Services

Surgical tooth extractions
Alveoloplasty and vestibuloplasty 80% 80%
Excision of benign odontogenic tumor/cyst
Excision of bone tissue
Incision and drainage of an intraoral abscess

Surgical Periodontal Services

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

Major Restorative Services

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

Prosthodontic Services

Complete and removable partial dentures
Denture reline/rebase procedures
Fixed bridgework 50% 50%
Prosthetics placed over implants
Implants Yes No

Misc. Restorative & Prosthodontic 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 No
Dependent Children eligible Yes No
Age Limitation 19

Lifetime Maximum Benefit per Participant \$1,500.00 \$1,500.00

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: Changes from standard to non-standard benefits (with CBSR / AdHoc approval). Account Structure changes, i.e., new group & section numbers. Also, indicate renewal benefit changes and the effective date of that change. High Plan offering assumes matching current DN benefit provisions.

BlueMax Advantage - Available only for 151+

Transfer-in (Takeover Credit): Yes No : \$ *enter amount* and services being Transferred-In

Missing Tooth Provision: Yes No (add contractual language below)

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract.

All other benefits

- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSIL or a combination of coverage of BCBSIL and the previous group dental care contract by the employer, which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

Enhanced Dental Benefit: Yes No

Enhanced Benefit is a dental benefit that allows groups to provide additional dental benefits to member with specific medical conditions such as Cardiovascular disease, Diabetes or Pregnancy. The group must also have their medical coverage through BCBS.

Benefit for one of the following:

- Scaling & Root Planning
- Periodontal Maintenance
- One Additional 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.



Available with 1/1/2020 effective dates:

Preventive Services selected below will not apply to the annual maximum

- Diagnostic Services
- Preventive Services
- Diagnostic Radiographs
- Miscellaneous Preventive Services

Benefit Waiting Period - No or Yes (the information below is required per group requested)

NOTE: If a benefit waiting period applies; Waiting period is waived for existing group dental plans and/or transfers group.

Members must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

- Oral surgery
- Endodontics
- Non-Surgical Periodontal Services
- Surgical Periodontal Services
- Major Restorative Services
- Prosthodontic Services
- Miscellaneous Restorative and Prosthodontic Services
- Orthodontic Services

*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 any Allowable Amount determination 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 UCR 90th

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.

BlueCare[®] Dental

PPO – High Plan



**BlueCross BlueShield of
Illinois**

Enter Name

Group Executive Name and Title
(Please type or print)

Signature

Date

Enter Name

Agent of Record Name
(Please type or print)

Signature

Date

Enter Name

BCBSIL Representative Name
(Please type or print)

Signature

Date