



## Herscher CUSD #2

Effective: 7/1/2020 - 6/30/2021

**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
<b>Benefit Period Maximum: Calendar Year</b>	\$500.00	\$500.00
<b>Deductible: Calendar Year</b>	\$25.00 Individual \$75.00 Family	\$25.00 Individual \$75.00 Family
<b>Services</b>		
<b>Diagnostic Services (Deductible does not apply)</b>		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
<b>Preventive Services (Deductible does not apply)</b>		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
<b>Diagnostic Radiographs (Deductible does not apply)</b>		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
<b>Miscellaneous Preventive Services (Deductible does not apply)</b>		
Sealants	100%	100%
Space maintainers		
Palliative treatment (emergency)		
<b>Basic Restorative Dental Services</b>		
Amalgams	100%	80%
Resin-based composite restorations		
<b>Non-Surgical Extractions</b>		
Removal of retained coronal remnants	100%	80%
Removal of erupted tooth or exposed root		
<b>Non-Surgical Periodontic Services</b>		
Periodontal scaling and root planing	100%	80%
Full-mouth debridement		
Periodontal maintenance procedures		



**Adjunctive Services**

Deep sedation / general anesthesia 100% 80%

**Endodontic Services**

Therapeutic pulpotomy and pulpal debridement  
Root canal therapy Not Covered Not Covered  
Apexification/recalcification

**Oral Surgery Services**

Surgical tooth extractions  
Alveoloplasty and vestibuloplasty Not Covered Not Covered  
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 Not Covered Not Covered  
Soft tissue grafts/allografts  
Distal or proximal wedge procedure

**Major Restorative Services**

Single crown restorations  
Inlay/onlay restorations Not Covered Not Covered  
Labial veneer restorations  
Crowns placed over implants

**Prosthodontic Services**

Complete and removable partial dentures  
Denture reline/rebase procedures  
Fixed bridgework Not Covered Not Covered  
Prosthetics placed over implants  
Implants Yes  No

**Misc. Restorative & Prosthodontic Services**

Prefabricated crowns  
Recementations Not Covered Not Covered  
Post and core, pin retention and crown/bridge repairs  
Adjustments

**Orthodontics (Deductible Not Waived)**

Orthodontic Diagnostic Procedures and Treatment: Not Covered Not Covered