



BlueCare Dental PPO™

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO networks¹. This network includes general and specialty dentists in Illinois as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

You can choose an out-of-network dentist, but he or she may have higher fees and charge you for amounts not covered by your insurance.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsil.com** and use the Provider Finder® tool. You can search for a dentist near your home, school or office and easily download a map with driving directions.

BlueCare Dental ConnectionSM

As an enhanced service, Blue Cross and Blue Shield of Illinois (BCBSIL) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center,*
 which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through Ask a Dentist*
- Find an in-network dentist using Provider Finder
- Research dental fees in your area with the Dental Cost Advisor*
- Search the Dental Dictionary* of common clinical terms
- View animations on different dental topics in the Treatment and Procedure* tool

To access the Dental Wellness Center, log in to Blue Access for MembersSM at **bcbsil.com** and click on the **My Health** tab.

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **800-367-6401** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at **bcbsil.com**.

¹ Dental Network of America, LLC. (DNoA), a separate company and the network manager providing access to the national network. Source: Netminder, February 2015

^{*}The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of Blue Cross and Blue Shield of Illinois dental programs. DNoA is solely responsible for the products or services it offers. BCBSIL assumes no liability or responsibility for damage or injury to persons or property arising from the use of any product, information, idea or instruction mentioned in DNoA's content.



Rates as of 9/1/2020 are **UNCHANGED FROM PRIOR YEAR**



PPO - Passive

Single - \$16.42 Single + 1 - \$32.04 \$61.66 **Family**

Area Schools Employee Benefit Trust

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 Freedom Certificate for additional benefit information.

RENEFIT HIGHLIGHTS

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Program Basics	Contracting Provider*	Non-Contracting Provider*90th U&C
Benefit Period Maximum	\$750 per he	enefit period
Deductible	\$50 per person per benefit period \$150 maximum per family	
Dependent Coverage Services	Spouse and unmarried dependent up to age 26	
Diagnostic & Preventive Services Dental exams and Cleanings (limited to 2 per benefit period) Bitewing X-rays (limited to 2 sets per benefit period) Full mouth & Panoramic X-rays (limited to 1 every 36 months) Fluoride treatment (to age 19, 1 per benefit period)	80% of Maximum Allowance	80% of Usual and Customary
Wiscellaneous Services Sealants (covered to age 19) Space maintainers (covered to age 19) Labs & tests Emergency Care (treatment for the relief of pain)	70% of Maximum Allowance	70% of Usual and Customary
Restorative Services Routine fillings (amalgams and resins) Pin retention Simple extractions	70% of Maximum Allowance	70% of Usual and Customary
General Services Intravenous sedation General anesthesia Stainless steel crowns	70% of Maximum Allowance	70% of Usual and Customary
Endodontic Services Root canals Pulp caps Apicoectomy / apexification	70% of Maximum Allowance	70% of Usual and Customary
Periodontic Services Scaling & root planning (limited to one time per quadrant per benefit period) Gingivectomy / gingivoplasty Osseous surgery Periodontal Maintenance (limited to 2 per benefit period)	70% of Maximum Allowance	70% of Usual and Customary
Oral Surgery Services Surgical extractions Alveoloplasty Vestibuloplasty	70% of Maximum Allowance	70% of Usual and Customary
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	Not Covered	Not Covered
Prosthodontic Services Bridges and 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	Not Covered	Not Covered
Orthodontics Not Covered	Not Covered	Not Covered

* Schedule of Maximum Allowances Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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