

Freeport School District #145

Effective: 7/1/2023 - 6/30/24

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	\$1,000.00	\$1,000.00
Deductible: Calendar Year	\$25.00 Individual \$75.00 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 type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" 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		
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	80%	80%
Alveoplasty and vestibuloplasty		
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	80%	80%
Osseous grafts		
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		

Prosthetic Services

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

- Birthday rule applies
- Gender 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.

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.