



## Bolin Enterprises Inc

Effective: 1/1/2024 - 12/31/2024

**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>	\$1,000.00	\$1,000.00
<b>Deductible: Calendar Year</b>	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
<b>Services</b>		
<b>Diagnostic Services (Deductible does not apply)</b>		
Periodic oral evaluations	100%	80%
Problem focused oral evaluations		
Comprehensive oral evaluations		
<b>Preventive Services (Deductible does not apply)</b>		
Prophylaxis (cleanings)	100%	80%
Topical fluoride applications		
<b>Diagnostic Radiographs (Deductible does not apply)</b>		
Full-mouth and panoramic films	100%	80%
Bitewing films		
Periapical films		
<b>Miscellaneous Preventive Services (Deductible does not apply)</b>		
Sealants	100%	80%
Space maintainers		
<b>Basic Restorative Dental Services</b>		
Amalgams	80%	70%
Resin-based composite restorations		
<b>Non-Surgical Extractions</b>		
Removal of retained coronal remnants	80%	70%
Removal of erupted tooth or exposed root		
<b>Non-Surgical Periodontic Services</b>		
Periodontal scaling and root planing	80%	70%
Full-mouth debridement		
Periodontal maintenance procedures		



**Adjunctive Services**

Palliative treatment (emergency)	50%	40%
Deep sedation / general anesthesia		

**Endodontic Services**

Therapeutic pulpotomy and pulpal debridement	50%	40%
Root canal therapy		
Apexification/recalcification		

**Oral Surgery Services**

Surgical tooth extractions	50%	40%
Alveoplasty and vestibuloplasty		
Excision of benign odontogenic tumor/cyst		
Excision of bone tissue		
Incision and drainage of an intraoral abscess (Bony impactions typically covered under medical plan)		

**Surgical Periodontal Services**

Gingivectomy or gingivoplasty and gingival flap procedures		
Clinical crown lengthening		
Osseous surgery	50%	40%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

**Major Restorative Services**

Single crown restorations	50%	40%
Inlay/onlay restorations		
Labial veneer restorations		
Crowns placed over implants		

**Prosthetic Services**

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	50%	40%
Prosthetics placed over implants		
Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

**Misc. Restorative & Prosthetic Services**

Prefabricated crowns		
Recementations	50%	40%
Post and core, pin retention and crown/bridge repairs		
Adjustments		

**Orthodontics (Deductible Not Waived)**

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
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\*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.**