



Egyptian Area Schools Employee Benefit Trust Low Plan

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.

BENEFIT HIGHLIGHTS

Program Basics

Contracting Provider*

Non-Contracting Provider* 90th U & C

Benefit Period Maximum

\$750 per benefit period

Deductible

\$50 per person per benefit period
\$150 maximum per family

Dependent Coverage

Spouse and unmarried dependent up to age 26

Services

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

Miscellaneous 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

Prosthetic 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 covered services. Non-contracting providers do not 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.

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