



BlueCare Dental PPOSM

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.

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



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.