

Quincy Public School District #172

Effective: 1/1/2023

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.

Monthly Premium Rates

- **Employee Only \$15.78**
- **Employee + 1 Dependent \$30.82**
- **Employee + 2 or More Dependents \$59.34**

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	\$750.00	\$750.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	80%	80%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	80%	80%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	80%	80%
Periapical films		
Miscellaneous Preventive Services (Deductible applies)		
Sealants	70%	70%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	70%	70%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	70%	70%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	70%	70%
Full-mouth debridement		
Periodontal maintenance procedures		



Adjunctive Services

Palliative treatment (emergency)	70%	70%
Deep sedation / general anesthesia		

Endodontic Services

Therapeutic pulpotomy and pulpal debridement	70%	70%
Root canal therapy		
Apexification/recalcification		

Oral Surgery Services

Surgical tooth extractions	70%	70%
Alveoloplasty 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	70%	70%
Osseous grafts		
Soft tissue grafts/allografts		
Distal or proximal wedge procedure		

Major Restorative Services

Single crown restorations		
Inlay/onlay restorations	Not Covered	Not Covered
Labial veneer restorations		
Crowns placed over implants		

Prosthodontic Services

Complete and removable partial dentures		
Denture reline/rebase procedures		
Fixed bridgework	Not Covered	Not Covered
Prosthetics placed over implants		
Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

Misc. Restorative & Prosthodontic Services

Prefabricated crowns		
Recementations	Not Covered	Not Covered
Post and core, pin retention and crown/bridge repairs		
Adjustments		

Orthodontics (Deductible Waived)

Orthodontic Diagnostic Procedures and Treatment:	Not Covered	Not Covered
Adults eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Dependent Children eligible Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Age Limitation		

Lifetime Maximum Benefit per Participant