

Dental Schedule of Coverage



BlueCross BlueShield of Illinois

The Deductibles, Coinsurance Amount, and Annual Maximum below are subject to change as permitted by applicable law.

BlueCare DentalSM

Covered Services	Contracting Dentist	Non-Contracting Dentist
Diagnostic Evaluations <i>(Deductible waived)</i>	100%	100%
Preventive Services <i>(Deductible waived)</i>	100%	100%
Diagnostic Radiographs <i>(Deductible waived)</i>	100%	100%
Miscellaneous Preventive Services <i>(Deductible waived)</i>	100%	100%
Basic Restorative Services	80%	80%
Non-Surgical Extractions	80%	80%
Non-Surgical Periodontal Services	50%	50%
Adjunctive Services	50%	50%
Endodontic Services	50%	50%
Oral Surgery Services	50%	50%
Surgical Periodontal Services	50%	50%
Major Restorative Services	50%	50%
Prosthetic Services	50%	50%
Miscellaneous Restorative and Prosthetic Services	50%	50%
Implants	Not Covered	Not Covered
Orthodontia <i>(Deductible waived)</i>	50%	50%
Limiting Age: 19		
Maximum Lifetime Benefits per individual for Orthodontia	\$1,500	\$1,500
Deductible	\$50 individual / \$150 family	\$50 individual / \$150 family
Annual Maximum	\$1,500	\$1,500

Benefits for covered services received from a Contracting Dentist are based on the Allowable Amount, and such Dentist cannot balance bill for charges in excess of this Allowable Amount.

Benefits for covered services received from a Non-Contracting Dentist will be based upon an Allowable Amount determined by BCBSIL, where non-contracting Allowable Amount will be not less than the amount BCBSIL would have paid, for the same covered service, supply, or procedure if performed or provided by a Contracting Dentist, and it is possible that such Dentist will balance bill for amounts above this.