BlueCare® Dental

PPO - CIE

BlueCross BlueShield of Illinois

Central Illinois Educators

Effective: 10/1/2022 - 9/30/2023

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. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* UCR 90th
Benefit Period Maximum: Calendar Year	$1,000.00	$1,000.00
Deductible: Calendar Year	$50.00 Individual $150.00 Family	$50.00 Individual $150.00 Family
Three Month Deductible Carryover Applies	Yes ☐ No ☑	Yes ☐ No ☑
Prior Carrier Deductible Credit Applies	Yes ☐ No ☑	Yes ☐ No ☑
Services		
Diagnostic Services (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%

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Adjunctive Services		
Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%
Oral Surgery Services		
Surgical tooth extractions 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)	80%	80%
Surgical Periodontal Services		
Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	80%	80%
Major Restorative Services		
Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services		
Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes ☑ No ☐	50%	50%
Misc. Restorative & Prosthodontic Services		
Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics (Deductible Waived)		
Orthodontic Diagnostic Procedures and Treatment: Adults eligible Yes ☑ No ☐ Dependent Children eligible Yes ☑ No ☐ Age Limitation 19	50%	50%
Lifetime Maximum Benefit per Participant	$1,000.00	$1,000.00

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Insured: Coordination of Benefits
☑ Birthday rule applies

Non-duplication of benefits (COB):
☐ Yes (all benefits combined not to exceed benefits of this program)
☑ No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:
☑ Within 365 days of the date of service
☐ End of the year following the year of service
☐ Two years from the date of service
☐ Other (explain in additional provisions section below)

Additional Provisions: Changes from standard to non-standard benefits (with CBSR / AdHoc approval). Account Structure changes, i.e., new group & section numbers. Also, indicate renewal benefit changes and the effective date of that change.

☐ **BlueMax Advantage - Available only for 151+**

Transfer-In (Takeover Credit): ☐ **Yes** ☑ **No** : **$** ***enter amount*** **and services being Transferred-In**

Missing Tooth Exclusion applies:

☐ **Yes**
An exclusion applies to expenses involving the replacement of teeth that were missing prior to the effective date of coverage, except when a participant has had continuous coverage for the following number of months under a group dental care contract with BCBSIL, a previous group dental contract or a combination of the two. Plans must include major services (prosthetic benefits)
☐ 24 months
☐ 99 months (exclusion permanently applies)

Does exclusion apply to initial enrollees?
☐ Yes (Same rules as above apply)
☐ No (Initial enrollees receive immediate coverage)

☑ **No Exclusion**
All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: ☑ **Yes** ☐ **No**
Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:
☑ Cardiovascular disease, Diabetes or Pregnancy (standard grouping)
☑ Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:
- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: ☑ Applies ☐ Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CBSR approval.

Any customization should be noted in the Additional provisions section.

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Available with 1/1/2020 effective dates:
Preventive Services selected below will not apply to the annual maximum

- ☐ **Diagnostic Services**
- ☐ **Preventive Services**
- ☐ **Diagnostic Radiographs**
- ☐ **Miscellaneous Preventive Services**

Benefit Waiting Period - ☑ No or ☐ Yes (the information below is required per group requested)
NOTE: If a benefit waiting period applies; Waiting period is waived for existing group dental plans and/or transfers group.
Members must be continuously covered under this policy for [xx] months before being eligible for the following Covered Services:

- ☐ Oral surgery
- ☐ Endodontics
- ☐ Non-Surgical Periodontal Services
- ☐ Surgical Periodontal Services
- ☐ Major Restorative Services
- ☐ Prosthodontic Services
- ☐ Miscellaneous Restorative and Prosthodontic Services
- ☐ Orthodontic Services

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*Each time you need dental care you can choose to:

See a Contracting Provider	**See a Non-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	• 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 not required to file claim forms	• You are required to file claim forms
• You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists	• 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.

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Enter Name
Group Executive Name and Title
(Please type or print)

_____ **Signature**

_____ **Date**

Enter Name
Agent of Record Name
(Please type or print)

_____ **Signature**

_____ **Date**

Enter Name
BCBSIL Representative Name
(Please type or print)

_____ **Signature**

_____ **Date**