BlueCare® Dental

DPPO CCSD 181 Dental

BlueCross BlueShield of Illinois

Lincolnway Area Affiliation (Trust)

Effective: 1/1/2026 - 12/31/2026

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	$1,500.00	$1,500.00
Deductible: Calendar Year	$25.00 Individual $75.00 Family	$25.00 Individual $75.00 Family
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% After Deductible	80% After Deductible
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80% After Deductible	80% After Deductible
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80% After Deductible	80% After Deductible

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Adjunctive Services		
Palliative treatment (emergency) Deep sedation / general anesthesia	80% After Deductible	80% After Deductible
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80% After Deductible	80% After Deductible
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	80% After Deductible	80% After Deductible
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% After Deductible	80% After Deductible
Major Restorative Services		
Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50% After Deductible	50% After Deductible
Prosthodontic Services		
Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes ☐ No ☑	50% After Deductible	50% After Deductible
Misc. Restorative & Prosthodontic Services		
Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50% After Deductible	50% After Deductible
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	$1,500.00	$1,500.00