



### Northwestern University- Group 006174

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

##### Calendar Year Annual Maximum

\$3,000

##### Deductible

\$50 per person per calendar year  
\$150 maximum per family

##### Dependent Coverage

Spouse and dependent children up to age 26

#### Services

##### Diagnostic & Preventive Services

Dental exams and Cleanings  
Bitewing X-rays  
Full mouth & Panoramic X-rays  
Fluoride treatment

100% of Maximum Allowance  
No Deductible

100% of Usual and Customary  
No Deductible

##### Miscellaneous Services

Sealants  
Space maintainers  
Labs & tests  
Emergency Care (treatment for the relief of pain)

100% of Maximum Allowance  
No Deductible

100% of Usual and Customary  
No Deductible

##### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

80% of Maximum Allowance  
After Deductible

80% of Usual and Customary  
After Deductible

##### General Services

Intravenous sedation, General anesthesia  
Stainless steel crowns  
Injection of Antibiotic Drugs

80% of Maximum Allowance  
After Deductible

80% of Usual and Customary  
After Deductible

##### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

80% of Maximum Allowance  
After Deductible

80% of Usual and Customary  
After Deductible

##### Periodontic Services

Scaling & root planning  
Gingivectomy / gingivoplasty  
Osseous surgery  
Periodontal Maintenance

80% of Maximum Allowance  
After Deductible

80% of Usual and Customary  
After Deductible

##### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

80% of Maximum Allowance  
After Deductible

50% of Usual and Customary  
After Deductible

##### Crowns, Inlays / Onlays Services

Crowns, Inlays / onlays  
Prefabricated posts and cores  
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance  
After Deductible

50% of Usual and Customary  
After Deductible

##### Prosthetic Services

Bridges and dentures  
Reline / rebase of dentures  
Addition of tooth or clasp  
Repair of bridges and dentures

50% of Maximum Allowance  
After Deductible

50% of Usual and Customary  
After Deductible

##### Implant Services

50% of Maximum Allowance  
After Deductible  
Separate \$6,000 Annual Maximum

50% of Usual and Customary  
After Deductible  
Separate \$3,000 Annual Maximum

##### Orthodontics

Covered for dependent children to age 26

50% of Maximum Allowance

50% of Usual and Customary

Lifetime Maximum (Dollar Amount)

\$3,000

\* **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.

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