

Government Insurance Network

Dental HIGH Plan

January 1, 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.

HIGH PLAN DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum: Calendar Year	\$2000	\$2000
Deductible: Calendar Year	\$50 Individual 3x Family	\$50 Individual 3x Family
Services		
Diagnostic Services Choose an item. Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services Choose an item. Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs Choose an item. Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services Choose an item. Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	100%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	100%	80%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	100%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	100%	80%



Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	100%	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	100%	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	100%	80%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	80%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	80%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	80%	50%
Orthodontics Choose an item. Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 26 Lifetime Maximum Benefit per Participant	50% \$2000	50% \$2000

ASO: Coordination of Benefits (COB):

- ☒ Birthday rule (**standard**)
☐ Gender rule

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 (**standard**)
☒ End of the year following the year of service
☐ Two years from the date of service
☐ Other (explain in additional provisions section below)

Missing Tooth Provision (MTP) applies: ☒ No or ☐ Yes (add contractual language below). **Effective Date:** Enter date.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits

- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSIL or a combination of coverage of BCBSIL and the previous group dental care contract by the employer, which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.

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

See a Contracting Provider	See a Non-Contracting Provider
<ul style="list-style-type: none"> • 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 • You are not required to file claim forms • You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists 	<ul style="list-style-type: none"> • 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 in full for Eligible Dental Expenses • You are required to file claim forms) • You are balance billed for costs exceeding the BCBSIL Allowable Amount

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.

An exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. All other benefits will begin on the first day of coverage. This exclusion applies to:

- Any participant who becomes effective on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BCBSIL which included prosthetic benefits.
- A partial or full denture or fixed bridge which includes replacement of a missing tooth which was extracted after coverage becomes effective.
- **When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSIL in advance of treatment.**