



WAUKEGAN PUBLIC SCHOOLS CUSD NO.60

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.

BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum	\$1,200 per calendar year	\$1,200 per calendar year
Deductible	\$25 per person per calendar year \$25 maximum per family	\$75 per person per calendar year \$75 maximum per family
Dependent Coverage	Spouse and unmarried dependent up to age 26	
Services		
Diagnostic & Preventive Services		
Dental exams	100% of Maximum Allowance	100% of Usual and Customary
Cleanings		
X-rays		
Fluoride treatment		
Miscellaneous Services		
Sealants	100% of Maximum Allowance	100% of Usual and Customary
Space maintainers		
Labs & tests		
Emergency Care	100% of Maximum Allowance	100% of Usual and Customary
Treatment for the relief of pain		
Restorative Services		
Routine fillings (amalgams and resins)	80% of Maximum Allowance	80% of Usual and Customary
Pin retention		
Simple extractions		
General Services		
Intravenous sedation	80% of Maximum Allowance	80% of Usual and Customary
General anesthesia		
Stainless steel crowns		
Endodontic Services		
Root canals	80% of Maximum Allowance	80% of Usual and Customary
Pulp caps		
Apicoectomy / apexification		
Periodontic Services		
Scaling & root planing	80% of Maximum Allowance	80% of Usual and Customary
Gingivectomy / gingivoplasty		
Osseous surgery		
Oral Surgery Services		
Surgical extractions	80% of Maximum Allowance	80% of Usual and Customary
Alveoloplasty		
Vestibuloplasty		
Crowns, Inlays / Onlays Services		
Crowns	60% of Maximum Allowance	60% of Usual and Customary
Inlays / onlays		
Prefabricated posts and cores		
Repair and recementation of crown, inlays / onlays		
Prosthetic Services		
Bridges and dentures	60% of Maximum Allowance	60% of Usual and Customary
Reline / rebase of dentures		
Addition of tooth or clasp		
Repair of bridges and dentures		
Orthodontics		
Coverage for adults and eligible dependents to age 26	60%	60%
	Orthodontia Lifetime Maximum of \$1,200	Orthodontia Lifetime Maximum of \$1,200

*** 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.