

## Pekin Public Schools District 108 Group Health Plans

**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

\$1,500 per benefit period

\$1,500 per benefit period

#### Deductible

\$50 per person per benefit period  
\$150 maximum per family

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\$150 maximum per family

#### Dependent Coverage

Spouse and unmarried dependent up to age 26

### Services

#### Diagnostic & Preventive Services

Dental exams  
Cleanings  
X-rays  
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

#### Miscellaneous Services

Sealants  
Space maintainers  
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

#### Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

#### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

85% of Maximum Allowance  
after deductible

85% of Usual and Customary  
after deductible

#### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

85% of Maximum Allowance  
after deductible

85% of Usual and Customary  
after deductible

#### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

85% of Maximum Allowance  
after deductible

85% of Usual and Customary  
after deductible

#### Periodontic Services

Scaling & root planing  
Gingivectomy / gingivoplasty  
Osseous surgery

85% of Maximum Allowance  
after deductible

85% of Usual and Customary  
after deductible

#### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

85% of Maximum Allowance  
after deductible

85% of Usual and Customary  
after deductible

#### Crowns, Inlays / Onlays Services

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

50% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

#### Prosthodontic 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

#### Orthodontics

50% of Maximum Allowance  
Dependent age limit is 18  
Lifetime Max of \$1,000

50% of Maximum Allowance  
Dependent age limit is 18  
Lifetime Max of \$1,000

\* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. \*\*Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

# BlueCare<sup>®</sup> Dental

*Choice PPO*

*Effective  
7/1/18*



**BlueCross BlueShield  
of Illinois**