

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

\$50 per person per benefit period
\$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.