



HMO Plan 730

The following is a listing of common services available through your BlueCare Dental HMO providers.
The member's share of the cost is determined when care is received from a contracting dentist.

This information only provides highlights of this program. Please refer to the BlueCare Dental HMO Certificate for additional information.

BENEFIT HIGHLIGHTS

Services	Copayment (Member Pays)	Services	Copayment (Member Pays)
Diagnostic & Preventive		Periodontics (includes postoperative evaluation and local anesthetic)	
Dental examinations	\$0	Gingivectomy or gingivoplasty – per quadrant(1-3 teeth)	\$35
Bitewing x-rays	\$0	Osseous surgery, flap entry and closure – per quadrant (1-3 teeth)	\$80
Prophylaxis – adult & child cleaning	\$0	Scaling and root planing – per quadrant (1-3 teeth)	\$17
Fluoride treatment	\$0	Periodontal maintenance	\$18
Miscellaneous		Oral Surgery (includes postoperative evaluation and local anesthetic)	
Pulp vitality tests	\$0	Surgical removal of tooth – soft tissue impaction	\$45
Sealant application – per tooth	\$0	Surgical removal of tooth – partial bony impaction	\$60
Space maintainer – fixed – unilateral	\$0	Alveoplasty – without extractions – per quadrant	\$186
Emergency care (treatment for the relief of pain)	\$0		
Restorative (includes postoperative evaluation and local anesthetic)		Crowns, Inlays / Onlays	
Amalgam – one surface	\$17	Inlay – porcelain / ceramic – one surface	\$237
Resin-based composite – one surface anterior	\$20	Onlay – porcelain / ceramic – two surfaces	\$259
Resin-based composite three surfaces anterior	\$29	Crown – porcelain fused to noble metal	\$286
Pin retention (per tooth) – in addition to restoration	\$7	Crown – ¾ porcelain / ceramic	\$296
Extraction erupted tooth or exposed root	\$20	Crown – full cast noble metal	\$279
General		Prosthodontic	
Prefabricated stainless steel crown – primary	\$35	Complete denture – maxillary	\$379
Deep sedation / general anesthesia – first 30 minutes	\$47	Mandibular partial denture – resin base	\$372
Occlusal adjustment - limited	\$15	Pontic – porcelain fused to noble metal	\$263
		Inlay – porcelain / ceramic two surfaces (bridge retainer)	\$225
		Onlay – porcelain / ceramic two surfaces (bridge retainer)	\$245
		Crown – porcelain fused to noble metal (bridge retainer)	\$294
		Crown ¾ porcelain / ceramic (bridge retainer)	\$299
Endodontics (includes postoperative evaluation and local anesthetic)		Orthodontics	
Pulp cap – direct	\$9	Includes consultations, records fee, treatment and retention. Coverage is limited to one course of Phase II treatment. Total coverage period for treatment and retention will be for a maximum of 24 months.	
Root canal – anterior	\$93	Member	\$1,800
Root canal – bicuspid	\$114	Spouse	\$1,800
Root canal – molar	\$147	Eligible child to age 19	\$1,800
Apicoectomy / periradicular surgery - bicuspid	\$107		

Program Basics

Out-Of-Area Emergency Care

Emergency treatment refers only to those dental services to alleviate pain and suffering. Emergency care received from a dental provider other than the primary care dentist will be reimbursed up to a maximum amount of **\$50**

Accidental Injury

There is no coverage for accidental injury, which is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages resulting from normal chewing function will be covered at the schedule of benefits based on the plan.

Age Limitations

Dependent children are covered to age **26**. Eligible military personnel covered to age **30**.

Maximum Annual Benefit

None