



## METROPOLITAN WATER RECLAMATION DISTRICT

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

##### Benefit Period Maximum

\$2,500 per benefit period

##### Deductible

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

##### Dependent Coverage

Spouse and dependents up to age 26, military dependents up to age 30

#### Services

##### Diagnostic & Preventive Services

Dental exams  
Cleanings  
Bite wing x-rays  
Full mouth series x-rays  
Fluoride treatment

100% of Maximum Allowance

80% of Usual and Customary

##### Miscellaneous Services

Sealants  
Space maintainers  
Labs & tests

100% of Maximum Allowance

80% of Usual and Customary

##### Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

80% of Usual and Customary

##### Restorative Services

Routine fillings (amalgams and resins)  
Pin retention  
Simple extractions

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### General Services

Intravenous sedation  
General anesthesia  
Stainless steel crowns

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### Endodontic Services

Root canals  
Pulp caps  
Apicoectomy / apexification

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### Periodontic Services

Scaling & root planing  
Gingivectomy / gingivoplasty  
Osseous surgery

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### Oral Surgery Services

Surgical extractions  
Alveoloplasty  
Vestibuloplasty

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### Crowns, Inlays / Onlays Services

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

80% of Maximum Allowance  
after deductible

60% of Usual and Customary  
after deductible

##### Prosthodontic Services

Full & partial dentures  
Pontics  
Fixed bridgework

60% of Maximum Allowance  
after deductible

50% of Usual and Customary  
after deductible

##### Orthodontics

Coverage for eligible dependents up to age 19.

50% of Maximum Allowance

50% of Usual and Customary

Orthodontia Lifetime Maximum of \$2,000

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\* 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.

Eff. 2/1/2018