

Joliet Public School District #86

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. *Passive PPO's provide identical benefits for 'contracting' and 'non-contracting' providers.*

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum:	\$1,000	\$1,000
Deductible:	\$25 Individual \$75 Family	\$25 Individual \$75 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Services		
Diagnostic Services Choose an item. Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services Choose an item. Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs Choose an item. Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services Choose an item. Sealants Space maintainers	100%	100%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	100%	100%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	100%	100%
Non-Surgical Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	100%	100%

PPO

<p>Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia</p>	50%	50%
<p>Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification</p>	100%	100%
<p>Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess</p>	50%	50%
<p>Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure</p>	100%	100%
<p>Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants</p>	50%	50%
<p>Prosthetic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	50%	50%
<p>Miscellaneous Restorative and Prosthetic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments</p>	50%	50%
<p>Orthodontics</p>	Not Covered	Not Covered