BlueCross BlueShield of Oklahoma

BlueCare Dental℠ 1C

Marketing ID: **DPFH25NATSOKO**

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance, Benefit Period Maximum and Out-of-Pocket Maximums shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	In Network	Out of Network**
Benefit Period Maximum	$1,500	$1,500
Out of Pocket Maximum	1 child: $350 2 or more children: $700	No Out-of-Pocket Maximum
Deductible	$50 Individual/$150 Family	$50 Individual/$150 Family

Covered Services

Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible waived)	100% (Deductible waived)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible waived)	100% (Deductible waived)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible waived)	100% (Deductible waived)
Miscellaneous Preventive Services Sealants Space maintainers	80%	80%
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%

	In Network	Out of Network**
Covered Services (continued)		
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	80%	80%
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 Anatomical crown exposures	80%	80%
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontic Services		
Pediatric Orthodontic Services Coverage limited to children **under age 19** with an orthodontic condition **meeting Medical Necessity criteria** (e.g., severe dysfunctional malocclusion) established by BCBSOK.	50% Unlimited Lifetime Maxim (Deductible waived)	50% Unlimited Lifetime Maximum(Deductible waived)
Additional Orthodontic Services Coverage for orthodontic conditions meeting **Medical Necessity criteria for members over the age of 19 and non-Medical Necessity criteria for all participants** (e.g., severe dysfunctional malocclusion) as established by BCBSOK.	50% Up to $1,500 Lifetime Maximum (Deductible waived)	50% Up to $1,500 Lifetime Maximum (Deductible waived)

The above is a listing of common services available through your network of Participating Dentists.
The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

****Services from non-participating providers will be subject to reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.**

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association