BlueCross BlueShield of Oklahoma

BlueCare Dental PPO℠ Voluntary

Plan ID: DONHM59

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 and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics	Contracting Dentist	Non-Contracting Dentist*
Benefit Period Maximum	$1,500	
Deductible	$50 Individual/$150 Family	$50 Individual/$150 Family

Covered Services

	Contracting Dentist	Non-Contracting Dentist*
Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
Basic Restorative 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 Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	100%	100%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	100%	100%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	100%	100%

	Contracting Dentist	Non-Contracting Dentist*

Covered Services (continued)

	Contracting Dentist	Non-Contracting Dentist*
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	100%	100%
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	100%**	100%**
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	60%**	60%**
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	60%**	60%**
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	60%**	60%**

Orthodontic Services

Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant Adult coverage and dependent children to age 19.	50% $1,500 (Deductible does not apply)

**A 12-month waiting period applies for these services.

Dental implants are not covered.

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

*All benefits are based upon the Allowable Amount, which is the amount determined by BCBSOK as the maximum amount eligible for payment of benefits. A Contracting Dentist cannot balance bill for charges in excess of the Allowable Amount. Benefits for covered services provided by a Non-Contracting Dentist will be based upon the same Allowable Amount, and it is likely that the Non-Contracting Dentist will balance bill for amounts above this, resulting in higher out-of-pocket expenses.

This plan includes BlueCare Dental Enhanced Benefit[SM]. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning for members with specific health issues. Please refer to your Dental Benefit Booklet for additional benefit information.

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