



City of Seguin

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: Calendar Year		
	\$1500	\$1500
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Deductible: Calendar Year	\$50 Individual	\$50 Individual
	\$150 Family	\$150 Family
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Three Month Deductible Carryover Applies	Yes ⊠ No□	Yes ⊠ No□
Prior Carrier Deductible Credit Applies	Yes □ No⊠	Yes □ No⊠
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Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations Problem focused oral evaluations		
Comprehensive oral evaluations	100 %	100%
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Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings) Topical fluoride applications	100%	100 %
	10070	10070
Diagnostic Radiographs (Deductible does not		
apply) Full-mouth and panoramic films	100%	100%
Bitewing films		
Periapičal films Miscellaneous Preventive Services (Deductible		
does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services Amalgams		
Resin-based composite restorations	80%	80%
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	00.24
Removal of erupted tooth or exposed root	OU 70	80%
Non-Surgical Periodontic Services		
Periodontal scaling and root planing		
Full-mouth debridement Periodontal maintenance procedures	80%	80%
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Adjunctive Services		

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Palliative treatment (emergency) Deep sedation / general anesthesia	80 %	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%
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	80%	80%
Major Restorative Services Single crown restorations 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 Implants Yes ⊠ No□	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics Deductible Waived (standard) Orthodontic Diagnostic Procedures and Treatment: Adults eligible: ☑ No ☐ Yes Dependent Children eligible: ☐ No ☑ Yes If yes age limitation: 19 Standard	50%	50%
Lifetime Maximum Benefit per Participant	\$ 1500	\$ 1500

Insured: Coordination of Benefits (COB): ⊠ Birthday rule applies (standard)