

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
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 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 (Deductible does not apply) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100 %	100 %
Preventive Services (Deductible does not apply) Prophylaxis (cleanings) Topical fluoride applications	100 %	100 %
Diagnostic Radiographs (Deductible does not apply) Full-mouth and panoramic films Bitewing films Periapical films	100 %	100 %
Miscellaneous Preventive Services (Deductible does not apply) Sealants Space maintainers	100 %	100 %
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 Periodontic Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80 %	80 %
Adjunctive Services		

