

Rohlig USA, LLC

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.

BENEFIT HIGHLIGHTS

Program Basics

Benefit Period Maximum

\$1,500 per calendar year

Deductible

\$50 per person per calendar year
\$150 maximum per family

Dependent Coverage

Spouse and dependent up to age 26

Services

Diagnostic & Preventive Services

Dental exams
Cleanings
X-rays
Fluoride treatment

100% of Maximum Allowance

100% of Usual and Customary

Miscellaneous Services

Sealants
Space maintainers
Labs & tests

100% of Maximum Allowance

100% of Usual and Customary

Emergency Care

Treatment for the relief of pain

100% of Maximum Allowance

100% of Usual and Customary

Restorative Services

Routine fillings (amalgams and resins)
Pin retention
Simple extractions

80% of Maximum Allowance
After deductible

80% of Usual and Customary
After deductible

General Services

Intravenous sedation
General anesthesia
Stainless steel crowns

50% of Maximum Allowance
After deductible

50% of Usual and Customary
After deductible

Endodontic Services

Root canals
Pulp caps
Apicoectomy / apexification

50% of Maximum Allowance
After deductible

50% of Usual and Customary
After deductible

Periodontic Services

Scaling & root planing
Gingivectomy / gingivoplasty
Osseous surgery

50% of Maximum Allowance
After deductible

50% of Usual and Customary
After deductible

Oral Surgery Services

Surgical extractions
Alveoloplasty
Vestibuloplasty

80% of Maximum Allowance
After deductible

80% of Usual and Customary
After deductible

Crowns, Inlays / Onlays Services

Crowns
Inlays / onlays
Prefabricated posts and cores
Repair and recementation of crown, inlays / onlays

50% of Maximum Allowance
After deductible

50% of Usual and Customary
After deductible

Prosthetic Services

Bridges and dentures
Reline / rebase of dentures
Addition of tooth or clasp
Repair of bridges and dentures

50% of Maximum Allowance
After deductible

50% of Usual and Customary
After deductible

Orthodontics

Coverage for eligible children to age 19

50% coverage for eligible children.
\$1,000 Lifetime Maximum

50% coverage for eligible children.
\$1,000 Lifetime Maximum

* Schedule of Maximum Allowances

Contracting Providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. **Services from Non-Contracting Providers will be subject to usual and customary allowances as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

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