



PPO - High Plan

BlueCross BlueShield of Illinois

American Library Association

Effective: 1/1/2023 - 12/31/2023

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* MAC
Benefit Period Maximum: Calendar Year	\$2,500.00	\$2,500.00
Deductible: Calendar Year	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
Services		
Diagnostic Services (Deductible does not apply)		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
Preventive Services (Deductible does not apply)		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
Diagnostic Radiographs (Deductible does not apply)		
Full-mouth and panoramic films		
Bitewing films	100%	100%
Periapical films		
Miscellaneous Preventive Services (Deductible does not apply)		
Sealants	100%	100%
Space maintainers		
Basic Restorative Dental Services		
Amalgams	80%	80%
Resin-based composite restorations		
Non-Surgical Extractions		
Removal of retained coronal remnants	80%	80%
Removal of erupted tooth or exposed root		
Non-Surgical Periodontic Services		
Periodontal scaling and root planing	80%	80%
Full-mouth debridement		
Periodontal maintenance procedures		



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Insured: Coordination of Benefits

Birthday rule applies

Non-duplication of benefits (COB):

- Yes (all benefits combined not to exceed benefits of this program)
- No (standard - all benefits combined not to exceed total charges)

Claim filing time limit:

- Within 365 days of the date of service
- End of the year following the year of service
- Two years from the date of service
- Other (explain in additional provisions section below)

Additional Provisions: Fluoride to age 14, Sealants 1 in 36 months to age 16, Periodontal Scaling & Root Planing 1 in 24 months, 10 year replacement for Major Restorative and Prosthodontic appliances.

Missing Tooth Exclusion applies:

- No Exclusion**
All teeth covered beginning on first day of coverage

Enhanced Dental Benefit: Yes No

Enhanced Benefit allows groups to provide additional dental benefits to members with specific medical conditions. The group must also have their medical coverage through BCBS

Select Covered Conditions:

- Cardiovascular disease, Diabetes or Pregnancy (standard grouping)
- Pre-Diabetes (requires standard grouping)

Additional benefit for one of the following:

- Scaling & Root Planing
- Periodontal Maintenance
- Cleaning

Apply toward annual maximum: Applies Does not apply

Additional Enhanced Benefit provisions require Division of Insurance and/or CCSR approval.

Any customization should be noted in the Additional provisions section.

*Each time you need dental care you can choose to:

See a Contracting Provider

- Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses
- You are not required to file claim forms
- You are not balance billed for costs exceeding the BCBSIL Allowable Amount for BlueCare Dentists

See a Non-Contracting Provider

- Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSIL to accept the Maximum Allowable In-Network Amount as payment for Eligible Dental Expenses
- You are required to file claim forms
- You are balance billed for costs exceeding the BCBSIL Allowable Amount
- Non-contracting provider reimbursement MAC

Employee Information

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Open enrollment - employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSIL in advance of treatment.