**Effective: 1/1/2021 – 12/31/2021**

**The following is a listing of common services available through your BlueCare Dental network.**

**The member's share of the cost is determined by care being 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.

**DENTAL BENEFIT HIGHLIGHTS**

|  |  |  |
| --- | --- | --- |
| **Program Basics** | **Contracting Provider\*** | **Non-Contracting Provider\* UCR 90th** |
| **Maximum Per Participant / Calendar Year** | $1,000 | $1,000 |
| **Calendar Year Deductible** | $50 Individual  $150 Family | $50 Individual  $150 Family |
| **Services** | | |
| **Diagnostic Services** (Deductible Waived)  Periodic oral evaluations  Problem focused oral evaluations Comprehensive oral evaluations | 100% | 100% |
| **Preventive Services** (Deductible Waived)  Prophylaxis (cleanings)  Topical fluoride applications | 100% | 100% |
| **Diagnostic Radiographs** (Deductible Waived)  Full-mouth and panoramic films Bitewing films  Periapical films | 100% | 100% |
| **Miscellaneous Preventive Services** (Deductible Waived)  Sealants  Space Maintainers | 80% | 80% |
| **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 Periodontal Services** Periodontal scaling and root planing  Full-mouth debridement  Periodontal maintenance procedures | 50% | 50% |
| **Adjunctive Services**  Palliative treatment (emergency)  Deep sedation/general anesthesia | 50% | 50% |
| **Endodontic Services**  Therapeutic pulpotomy and pulpal debridement  Root canal therapy  Apexification / recalcification | 50% | 50% |
| **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 | 50% | 50% |

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|  |  |  |
| --- | --- | --- |
| ***Services (continued)*** | ***Contracting Provider\**** | ***Non-Contracting Provider\* UCR 90th*** |
| ***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 | 50% | 50% |
| ***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 | 50% | 50% |
| ***Miscellaneous Restorative and Prosthodontic Services***  Prefabricated crowns Recementations  Post and core, pin retention and crown/bridge repairs Adjustments | 50% | 50% |
| ***Orthodontics*** | Not Covered | Not Covered |

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

|  |  |
| --- | --- |
| **See a Contracting Provider** | **See a Non-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 BCBSNM Allowable Amount for BlueCare Dentists | * Your out-of-pocket cost may be greater because Non-Contracting Providers have not entered into a contract with BCBSNM to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses * You are required to file claim forms * You are balance billed for costs exceeding the BCBSNM Allowable Amount * Non-contracting provider reimbursement UCR 90th |

**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.
  + If you disenroll from the voluntary dental plan, you must wait 4 years before you can re-enroll – only allowed during the Open Enrollment period.
* When the course of treatment will be in excess of $300, a predetermination request should be submitted to BCBSNM in advance of treatment.

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