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| <b>Endodontic Services</b><br>Therapeutic pulpotomy and pulpal debridement<br>Root canal therapy<br>Apexification/recalcification | 100% |
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## Covered Services (continued)

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| <b>Oral Surgery Services</b><br>Surgical tooth extractions<br>Alveoloplasty and vestibuloplasty<br>Excision of benign odontogenic tumor/cyst<br>Excision of bone tissue<br>Incision and drainage of an intraoral abscess   | 100%  |
| <b>Surgical Periodontal Services</b><br>Gingivectomy or gingivoplasty and gingival flap procedures<br>Clinical crown lengthening<br>Osseous surgery<br>Osseous grafts<br>Soft tissue grafts/allografts<br>Distal or proximal wedge procedure<br>Anatomical crown exposures | 100%* |
| <b>Major Restorative Services</b><br>Single crown restorations<br>Gold foil and inlay/onlay restorations<br>Labial veneer restorations<br>Crowns placed over implants  | 60%*  |
| <b>Prosthodontic Services</b><br>Complete and removable partial dentures<br>Denture reline/rebase procedures<br>Fixed bridgework<br>Prosthetics placed over implants   | 60%*  |
| <b>Miscellaneous Restorative and Prosthodontic Services</b><br>Prefabricated crowns<br>Recementations<br>Post and core, pin retention and crown/bridge repairs<br>Adjustments  | 60%*  |

## Orthodontic Services

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| <b>Orthodontic Services</b><br>Orthodontic Diagnostic Procedures and Treatment<br>Lifetime Maximum per Participant<br>Adult coverage and dependent children to age 19. | 50%<br>\$1,500<br>(Deductible does not apply) |
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\*A 12-month waiting period applies for these services.

**Dental implants are not covered.**

The above is a listing of common services available through your network of Participating Dentists.

The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

Services from non-participating providers will be subject to the same allowable charges as those from participating providers. Amounts in excess of these allowances will be the full responsibility of the insured.

This plan includes BlueCare Dental Enhanced Benefit<sup>SM</sup>. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning and

**100% coverage for periodontal cleanings to members with specific health issues at no additional cost. Please refer to your Dental Benefit Booklet for additional benefit information.**

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