

Kesser Group, LLC

Effective: 1/1/2025

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 contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional detailed benefit information.

Summary of Dental Benefits		
PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist UCR MAC
Benefit Period Maximum: Calendar Year	\$1,000	\$500
Deductible: Calendar Year	\$50 Individual \$150 Family	\$75 Individual \$225 Family
COVERED SERVICES		
Class 1: Preventive Services <i>(Deductible does not apply)</i> Periodic Oral Evaluations Problem Focused Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays Full-Mouth, Pano, Bitewing, Periapical Sealants Topical Fluoride Space maintainers	100%	70%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Non-surgical Extractions Palliative Treatment (emergency care to relieve pain)	80%	40%
Class 3: Major Restorative Services Bridges & Dentures Implants: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Crowns, Inlays, Onlays Perio Maintenance Full Mouth Debridement Scaling & Root Planning Denture Reline/Rebase Oral Surgery & Surgical Extractions Endodontics (root canal) Major Periodontics Repairs – Crown & Bridge Deep Sedation/General Anesthesia	50%	10%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults & Dependent Children (to age 26) Lifetime Maximum Ortho Benefit per Participant	50% \$1,000	50% \$500

Benefit Limitations & Frequencies:

Oral Evaluations	2 per year
X-rays: Bitewings	1 per year
X-rays Full mouth panoramic	1 per 60 months
Prophy/Cleanings	2 per year
Fluoride Application	1 per year for children up to age 14
Space Maintainers	1 per lifetime up to age 14
Crowns/Dentures/Bridges	Replacement every 10 years
Denture Reline/Rebase	1 per 36 months
Perio Maintenance	2 per year

Additional Features:

Missing Tooth Exclusion No Exclusion Yes Applies
Benefit Waiting Period No Waiting Period Yes Applies

Predetermination of benefits is recommended, but not required, for services in excess of \$300.

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.