BlueCross BlueShield of Oklahoma

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2027 Dental Benefits Guide

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Smile! You Have BlueCare Dental PPO℠

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO network of providers[1].

This network includes general and specialty dentists in Oklahoma as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to **bcbsok.com** and use the Provider Finder® tool by clicking on **"Find a Doctor or Hospital"** and then on **"Find a Dentist"** on the left side of the page. Select your plan's BlueCare Dental PPO network (Traditional National PPO). You can search for a dentist near your home, school or office.

BlueCare Dental Connection℠

As an enhanced service, Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care – at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center®, which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist**
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure** tool

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **888-381-9727** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at **bcbsok.com.**

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists:

1. Go to bcbsok.com
2. Click on "Find Care"
3. Click on "Dentists"
4. **If you have a Blue Access for Members account**, click on "Log In to Your Account"; **if not, under Search As a Guest,** click on "BlueCare Dental PPO"

You can search for a dentist near your home, school or office.

Basic Plan

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* U&C 90th
Benefit Period Maximum: Calendar Year	$1,000	$1,000
Deductible: Calendar Year Applies to basic and restorative services	$50.00 Individual $100.00 Family	$50.00 Individual $100.00 Family
Three Month Deductible Carryover Applies	No	No
Prior Carrier Deductible Credit Applies	No	No

Services		
Diagnostic Services		
Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	75%
Preventive Services		
Prophylaxis (cleanings) Topical fluoride applications	100%	75%
Diagnostic Radiographs		
Full-mouth and panoramic films Bitewing films Periapical films	100%	75%
Miscellaneous Preventive Services		
Sealants Space maintainers	100%	75%
Basic Restorative Dental Services		
Amalgams Resin-based composite restorations	80%	75%
Non-Surgical Extractions		
Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	75%
Non-Surgical Periodontic Services		
Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	75%

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Adjunctive Services		
Palliative treatment (emergency) Deep sedation / general anesthesia	80%	75%
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	75%
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	80%	75%
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	80%	75%
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 Implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services		
Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics		
Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum Benefit per Participant	50% $1,500	50% $1,500

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 BCBSOK in advance of treatment.

Alternate Plan

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.

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Dental Benefit Highlights

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Benefit Period Maximum: Calendar Year	$2,000	$2,000
Deductible: Calendar Year Applies to basic and restorative services	$25.00 Individual $75.00 Family	$25.00 Individual $75.00 Family
Three Month Deductible Carryover Applies	No	No
Prior Carrier Deductible Credit Applies	No	No

Services		
Diagnostic Services		
Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%
Preventive Services		
Prophylaxis (cleanings) Topical fluoride applications	100%	100%
Diagnostic Radiographs		
Full-mouth and panoramic films Bitewing films Periapical films	100%	100%
Miscellaneous Preventive Services		
Sealants Space maintainers	100%	100%
Basic Restorative Dental Services		
Amalgams Resin-based composite restorations	90%	80%
Non-Surgical Extractions		
Removal of retained coronal remnants Removal of erupted tooth or exposed root	90%	80%
Non-Surgical Periodontic Services		
Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	90%	80%

Program Basics	Contracting Provider	Non-Contracting Provider* U&C 90th
Adjunctive Services		
Palliative treatment (emergency) Deep sedation / general anesthesia	90%	80%
Endodontic Services		
Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	90%	80%
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	90%	80%
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	90%	80%
Major Restorative Services		
Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	60%	50%
Prosthodontic Services		
Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants Implants	60%	50%
Miscellaneous Restorative and Prosthodontic Services		
Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	60%	50%
Orthodontics		
Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum Benefit per Participant	50% $1,500	50% $1,500

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

BlueCross BlueShield of Oklahoma

To access the Dental Wellness Center, visit **bcbsok.com**. Register and log in to Blue Access for Members℠, click **Dental** under Quick Links and from there click on **Dental Wellness Center**.

bcbsok.com

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