



**Fox River Water Reclamation District**

*This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.*

**Summary of Dental Benefits**

**Program Basics**

**In Network**

**Out of Network\*\***

<b>Benefit Period Maximum</b>	<b>\$3,000</b>	
<b>Deductible</b>	<b>\$25 Individual/\$75 Family</b>	<b>\$25 Individual/\$75 Family</b>
<b>Covered Services</b>		
<b>Diagnostic Evaluations</b> Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	<b>100%</b> (Deductible waived)	<b>100%</b> (Deductible waived)
<b>Preventive Services</b> Prophylaxis (cleanings) Topical fluoride applications	<b>100%</b> (Deductible waived)	<b>100%</b> (Deductible waived)
<b>Diagnostic Radiographs</b> Full-mouth and panoramic films Bitewing films Periapical films	<b>100%</b> (Deductible waived)	<b>100%</b> (Deductible waived)
<b>Miscellaneous Preventive Services</b> Sealants Space maintainers	<b>100%</b> (Deductible waived)	<b>100%</b> (Deductible waived)
<b>Basic Restorative Dental Services</b> Amalgams Resin-based composite restorations	<b>80%</b>	<b>80%</b>
<b>Non-Surgical Extractions</b> Removal of retained coronal remnants Removal of erupted tooth or exposed root	<b>80%</b>	<b>80%</b>
<b>Non-Surgical Periodontal Services</b> Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	<b>80%</b>	<b>80%</b>
<b>Adjunctive Services</b> Palliative treatment (emergency) Deep sedation / general anesthesia	<b>80%</b>	<b>80%</b>
<b>Endodontic Services</b> Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	<b>80%</b>	<b>80%</b>

In Network

Out of Network \*\*

## Covered Services (continued)

<b>Oral Surgery Services</b> Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an Intraoral abscess	80%	80%
<b>Surgical Periodontal Services</b> Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	80%	80%
<b>Major Restorative Services</b> Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
<b>Prosthetic Services</b> Complete and removable partial dentures Denture relining/rebase procedures Fixed bridgework Prosthetics placed over implants Implants	50%	50%
<b>Miscellaneous Restorative and Prosthetic Services</b> Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
<b>Orthodontic Services</b>		
<b>Orthodontic Services</b> Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	50%	\$2,000 Lifetime Maximum (Deductible waived)

### To Locate a Blue Cross Dentist:

<https://www.bcbsil.com/providers/dental.htm>

Click on BlueCare Dental PPO

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 reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.