

## Ingredion Incorporated

Effective: 1/1/2022 - 12/31/2022

**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* UCR 90th
<b>Benefit Period Maximum: Calendar Year</b>	\$2,000.00	\$2,000.00
<b>Deductible: Calendar Year</b>	\$50.00 Individual \$150.00 Family	\$50.00 Individual \$150.00 Family
<b>Three Month Deductible Carryover Applies</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Prior Carrier Deductible Credit Applies</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Services</b>		
<b>Diagnostic Services (Deductible does not apply)</b>		
Periodic oral evaluations		
Problem focused oral evaluations	100%	100%
Comprehensive oral evaluations		
<b>Preventive Services (Deductible does not apply)</b>		
Prophylaxis (cleanings)	100%	100%
Topical fluoride applications		
<b>Diagnostic Radiographs (Deductible does not apply)</b>		
Full-mouth and panoramic films		
Bitewing films	100%	100%
<b>Miscellaneous Preventive Services (Deductible does not apply)</b>		
Sealants	100%	100%
Space maintainers		
<b>Basic Restorative Dental Services</b>		
Amalgams	80%	75%
Resin-based composite restorations		
<b>Non-Surgical Extractions</b>		
Removal of retained coronal remnants	80%	75%
Removal of erupted tooth or exposed root		
<b>Non-Surgical Periodontic Services</b>		
Periodontal scaling and root planing	80%	75%
Full-mouth debridement		
Periodontal maintenance procedures		



**Adjunctive Services**

Deep sedation / general anesthesia 50% 50%

**Endodontic Services**

Therapeutic pulpotomy and pulpal debridement  
 Root canal therapy 50% 50%  
 Apexification/recalcification

**Oral Surgery Services**

Surgical tooth extractions  
 Alveoplasty and vestibuloplasty 80% 75%  
 Excision of benign odontogenic tumor/cyst  
 Excision of bone tissue  
 Incision and drainage of an intraoral abscess

**Surgical Periodontal Services**

Gingivectomy or gingivoplasty and gingival flap procedures  
 Clinical crown lengthening  
 Osseous surgery  
 Osseous grafts 50% 50%  
 Soft tissue grafts/allografts  
 Distal or proximal wedge procedure

**Major Restorative Services**

Single crown restorations  
 Inlay/onlay restorations 50% 50%  
 Labial veneer restorations  
 Crowns placed over implants

**Prosthodontic Services**

Complete and removable partial dentures  
 Denture reline/rebase procedures  
 Fixed bridgework 50% 50%  
 Prosthetics placed over implants  
 Implants Yes  No

**Misc. Restorative & Prosthodontic Services**

Recementations  
 Post and core and pin retention 50% 50%  
 Adjustments

**Orthodontics (Deductible Waived)**

Orthodontic Diagnostic Procedures and Treatment: 50% 50%  
 Adults eligible Yes  No   
 Dependent Children eligible Yes  No   
 Age Limitation 19

**Lifetime Maximum Benefit per Participant** \$2,000.00 \$2,000.00