



# BlueCare Dental<sup>SM</sup> for Individuals and Families

Enhance your health care coverage with dental plans from Blue Cross and Blue Shield of Illinois.



Dental care is an important part of your overall health. That is why Blue Cross and Blue Shield of Illinois (BCBSIL) provides BlueCare Dental and BlueCare Dental 4 Kids<sup>SM</sup>. Our dental plans may provide you with savings on preventive services like checkups, cleanings and basic X-rays, as well as on procedures like fillings, bridges and crowns. BCBSIL provides two plans for both adults and children, designed to fit a variety of needs and budgets.

## **BlueCare Dental 1A and BlueCare Dental 4 Kids 1A feature:**

- 100% coverage on most preventive services when you choose in-network dentists
- \$50 deductible for in-network services
- Potential savings on most dental procedures up to annual \$1,500 maximum; no annual maximum on BlueCare Dental 4 Kids 1A

## **BlueCare Dental 1B and BlueCare Dental 4 Kids 1B feature:**

- Lower monthly premium (compared to 1A plans)
- 90% coverage on most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Potential savings on most dental procedures up to annual \$1,000 maximum; no annual maximum on BlueCare Dental 4 Kids 1B

Get more information at [bcbsil.com](http://bcbsil.com) or call 866-514-8044.

See the chart on the back for more plan details.

# Dental Plans<sup>1</sup>

	BlueCare Dental 1A <sup>2</sup>		BlueCare Dental 4 Kids 1A		BlueCare Dental 1B <sup>2</sup>		BlueCare Dental 4 Kids 1B	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible (3x Family)</b>	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75
<b>Annual Maximum</b>	\$1,500 <sup>3</sup>		N/A		\$1,000 <sup>3</sup>		N/A	
<b>Diagnostic Evaluations</b>	100% <sup>4</sup>	70% <sup>4</sup>	100% <sup>4</sup>	70% <sup>4</sup>	90% <sup>4</sup>	70% <sup>4</sup>	80% <sup>4</sup>	60% <sup>4</sup>
<b>Preventive</b>	100% <sup>4</sup>	70% <sup>4</sup>	100% <sup>4</sup>	70% <sup>4</sup>	90% <sup>4</sup>	70% <sup>4</sup>	80% <sup>4</sup>	60% <sup>4</sup>
<b>Diagnostic Radiographs</b>	100% <sup>4</sup>	70% <sup>4</sup>	100% <sup>4</sup>	70% <sup>4</sup>	90% <sup>4</sup>	70% <sup>4</sup>	80% <sup>4</sup>	60% <sup>4</sup>
<b>Miscellaneous Preventive Services</b>	80%	50%	80%	50%	90%	70%	80%	60%
<b>Basic Restorative</b>	80%	50%	80%	50%	70%	50%	50%	30%
<b>Non-Surgical Extractions</b>	80%	50%	80%	50%	70%	50%	50%	30%
<b>Non-Surgical Periodontal</b>	80%	50%	80%	50%	70%	50%	50%	30%
<b>Adjunctive Services</b>	80%	50%	80%	50%	70%	50%	50%	30%
<b>Endodontics</b>	80%	50%	80%	50%	50%	30%	50%	30%
<b>Oral Surgery</b>	80%	50%	80%	50%	50%	30%	50%	30%
<b>Surgical Periodontal<sup>5</sup></b>	80%	50%	80%	50%	50%	30%	50%	30%
<b>Major Restorative<sup>5</sup></b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Prosthodontics<sup>5</sup></b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Miscellaneous Restorative &amp; Prosthodontics Services<sup>5</sup></b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Orthodontics (up to age 21)</b>	N/A	N/A	50%	30%	N/A	N/A	50%	30%
<b>Out-of-Pocket Maximum</b>	\$350 for one child/\$700 for 2+ children	N/A	\$350 for one child/\$700 for 2+ children	N/A	\$350 for one child/\$700 for 2+ children	N/A	\$350 for one child/\$700 for 2+ children	N/A
<b>Monthly Rates for BlueCare Dental<sup>6</sup></b>								
	<b>Region I<sup>7</sup></b>	<b>Region II<sup>8</sup></b>	<b>Region I<sup>7</sup></b>	<b>Region II<sup>8</sup></b>	<b>Region I<sup>7</sup></b>	<b>Region II<sup>8</sup></b>	<b>Region I<sup>7</sup></b>	<b>Region II<sup>8</sup></b>
<b>Primary Applicant</b>	\$38.47	\$31.31	\$34.82	\$28.34	\$28.53	\$23.23	\$26.62	\$21.66
<b>Member + Spouse</b>	\$76.94	\$62.62	N/A	N/A	\$57.06	\$46.46	N/A	N/A
<b>Member + 1 Child</b>	\$73.29	\$59.65	N/A	N/A	\$55.15	\$44.89	N/A	N/A
<b>Family*</b>	\$181.40	\$147.64	N/A	N/A	\$136.92	\$111.44	N/A	N/A

Get more information at [bcbsil.com](http://bcbsil.com) or call 866-514-8044. Or contact an independent, authorized Blue Cross and Blue Shield of Illinois agent.

- This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. For full information refer to the member's certificate of benefits booklet.
  - If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under 21. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under 21.
  - Annual maximum does not apply to members up to age 21.
  - Deductible is waived.
  - Waiting period may apply for adults.
  - Rates are subject to change.
  - Region 1 rates apply to members residing in the following counties: Cook, DuPage, Kane, Lake, and McHenry.
  - Region 2 rates apply to members residing in counties outside Region 1.
- \* Includes insured, spouse, and three children for this example.