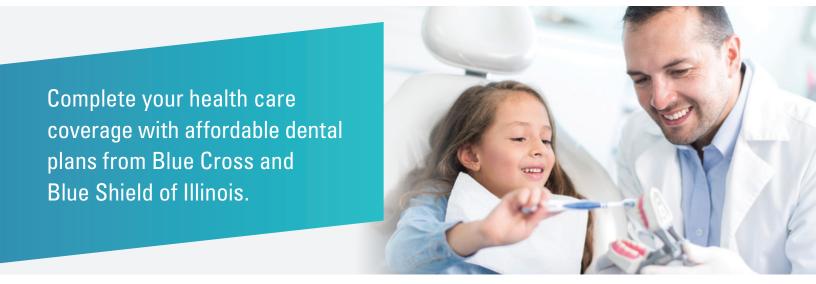
BlueCare Dental[™] for Individuals and Families



Dental care is a vital part of your overall health. That is why Blue Cross and Blue Shield of Illinois (BCBSIL) offers BlueCare Dental and BlueCare Dental 4 KidsSM. 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 offers 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 with in-network dentists
- \$50 deductible for in-network services
- Savings on most dental procedures up to annual \$1,500 maximum; unlimited 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
- Savings on most dental procedures up to annual \$1,000 maximum; unlimited annual maximum on BlueCare Dental 4 Kids 1B

Get more information at **bcbsil.com** or call 866-514-8044.

See the chart on the back for more plan details.

Dental Plans

	BlueCare Dental 1A²		BlueCare Dental 4 Kids 1A		BlueCare Dental 1B²		BlueCare Dental 4 Kids 1B	
	In Network			Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible (3x Family)	\$50	\$50	\$50	\$50	\$75	\$75	\$75	\$75
Annual Maximum	\$1,500³		N/A		\$1,000³		N/A	
Diagnostic Evaluations	100%4	70%4	100%4	70%4	90%4	70%4	80%4	60%4
Preventive	100%4	70%4	100%4	70%4	90%4	70%4	80%4	60%4
Diagnostic Radiographs	100%4	70%4	100%4	70%4	90%4	70%4	80%4	60%4
Miscellaneous Preventive Services	80%	50%	80%	50%	90%	70%	80%	60%
Basic Restorative	80%	50%	80%	50%	70%	50%	50%	30%
Non-Surgical Extractions	80%	50%	80%	50%	70%	50%	50%	30%
Non-Surgical Periodontal	80%	50%	80%	50%	70%	50%	50%	30%
Adjunctive Services	80%	50%	80%	50%	70%	50%	50%	30%
Endodontics	80%	50%	80%	50%	50%	30%	50%	30%
Oral Surgery	80%	50%	80%	50%	50%	30%	50%	30%
Surgical Periodontal ⁵	80%	50%	80%	50%	50%	30%	50%	30%
Major Restorative ⁵	50%	30%	50%	30%	50%	30%	50%	30%
Prosthodontics ⁵	50%	30%	50%	30%	50%	30%	50%	30%
Miscellaneous Restorative & Prosthodontics Services ⁵	50%	30%	50%	30%	50%	30%	50%	30%
Orthodontics (up to age 21)	N/A	N/A	50%	30%	N/A	N/A	50%	30%
Out-of-Pocket Maximum	\$350 for one child/\$700 for 2+ children	N/A						
		Monthly Pro	emium Rate	es for BlueC	are Dental	6		
	Region I ⁷	Region II ⁸						
Primary Applicant	\$37.35	\$30.40	\$34.82	\$28.34	\$27.70	\$22.55	\$26.62	\$21.66
Member + Spouse	\$74.70	\$60.80	N/A	N/A	\$55.40	\$45.10	N/A	N/A
Member + 1 Child	\$72.17	\$58.74	N/A	N/A	\$54.32	\$44.21	N/A	N/A
Family*	\$179.16	\$145.82	N/A	N/A	\$135.26	\$110.08	N/A	N/A

Get more information at **bcbsil.com** or call 866-514-8044. Or contact an independent, authorized Blue Cross and Blue Shield of Illinois agent.

- 1. 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.
- 2. 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.
- 3. Annual maximum does not apply to members up to age 21.
- 4. No deductible.
- 5. Waiting period may apply for adults.
- 6. Rates are subject to change.
- 7. Region 1 rates apply to members residing in the following counties: Cook, DuPage, Kane, Lake, and McHenry.
- 8. Region 2 rates apply to all members residing in counties outside Region 1.

^{*} Includes insured, spouse, and three children for this example.