

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

Complete your health care coverage with a dental plan from Blue Cross and Blue Shield of Illinois.



Dental care is vital to 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 provide you with coverage on preventive services like checkups, cleanings and basic X-rays, as well as procedures like fillings, bridges and crowns. BCBSIL provides two plans for both adults and children, designed to fit your needs and budget.

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

- 100% coverage on most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Coverage on all dental procedures up to annual \$1,500 maximum or 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
- Coverage on all dental procedures up to annual \$1,000 maximum or unlimited annual maximum on BlueCare Dental 4 Kids 1B

Call us at 866-514-8044 or contact an independent, authorized Blue Cross and Blue Shield of Illinois agent.

See the chart on the back for more plan details.

# Dental Plans<sup>1</sup>

The benefits below show what the member will pay.

	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>Individual Deductible</b> (Family deductible 3 times individual)	\$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>	0% <sup>4</sup>	30% <sup>4</sup>	0% <sup>4</sup>	30% <sup>4</sup>	10% <sup>4</sup>	30% <sup>4</sup>	20% <sup>4</sup>	40% <sup>4</sup>
<b>Preventive</b>	0% <sup>4</sup>	30% <sup>4</sup>	0% <sup>4</sup>	30% <sup>4</sup>	10% <sup>4</sup>	30% <sup>4</sup>	20% <sup>4</sup>	40% <sup>4</sup>
<b>Diagnostic Radiographs</b>	0% <sup>4</sup>	30% <sup>4</sup>	0% <sup>4</sup>	30% <sup>4</sup>	10% <sup>4</sup>	30% <sup>4</sup>	20% <sup>4</sup>	40% <sup>4</sup>
<b>Miscellaneous Preventive Services</b>	20%	50%	20%	50%	10%	30%	20%	40%
<b>Basic Restorative</b>	20%	50%	20%	50%	30%	50%	50%	70%
<b>Non-Surgical Extractions</b>	20%	50%	20%	50%	30%	50%	50%	70%
<b>Non-Surgical Periodontal</b>	20%	50%	20%	50%	30%	50%	50%	70%
<b>Adjunctive Services</b>	20%	50%	20%	50%	30%	50%	50%	70%
<b>Endodontics</b>	20%	50%	20%	50%	50%	70%	50%	70%
<b>Oral Surgery</b>	20%	50%	20%	50%	50%	70%	50%	70%
<b>Surgical Periodontal<sup>5</sup></b>	20%	50%	20%	50%	50%	70%	50%	70%
<b>Major Restorative<sup>5</sup></b>	50%	70%	50%	70%	50%	70%	50%	70%
<b>Prosthodontics<sup>5</sup></b>	50%	70%	50%	70%	50%	70%	50%	70%
<b>Miscellaneous Restorative &amp; Prosthodontics Services<sup>5</sup></b>	50%	70%	50%	70%	50%	70%	50%	70%
<b>Orthodontics<sup>6</sup></b> (up to age 19)	N/A	N/A	50%	70%	N/A	N/A	50%	70%
<b>Out-of-Pocket Maximum</b>	\$350 for 1 child/\$700 for 2+ children	N/A	\$350 for 1 child/\$700 for 2+ children	N/A	\$350 for 1 child/\$700 for 2+ children	N/A	\$350 for 1 child/\$700 for 2+ children	N/A
<b>Monthly Rates for BlueCare Dental<sup>7</sup></b>								
	<b>Region I<sup>8</sup></b>	<b>Region II<sup>9</sup></b>	<b>Region I<sup>8</sup></b>	<b>Region II<sup>9</sup></b>	<b>Region I<sup>8</sup></b>	<b>Region II<sup>9</sup></b>	<b>Region I<sup>8</sup></b>	<b>Region II<sup>9</sup></b>
<b>Individual Member</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

Call us at 888-809-1135 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 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under 19.
  - Annual maximum does not apply to members up to age 19.
  - Deductible is waived.
  - Waiting period may apply for adults.
  - Unlimited maximum for medically necessary orthodontia for members up to age 19.
  - 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.