

# 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 for preventive services like checkups, cleanings and basic X-rays, as well as procedures like fillings, bridges and crowns. We have two plans each for both adults and children, designed to fit your needs and budget.

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

- 100% coverage for most preventive services provided by in-network dentists
- \$50 deductible for in-network services
- Coverage for all dental procedures up to annual \$1,500 maximum for adults 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 for most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Coverage for all dental procedures up to annual \$1,000 maximum for adults or unlimited annual maximum on BlueCare Dental 4 Kids 1B

Call us at 800-477-2000 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

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- 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 age 19. If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19.
  - Annual maximum does not apply to members up to age 19.
  - Deductible is waived.
  - Waiting period may apply for adults age 19 and over.
  - 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.



**Health care coverage is important for everyone.**

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયદુક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anáníłwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodííłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.