



BlueCross BlueShield of Illinois

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

Complete your health coverage with affordable 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) offers BlueCare Dental and BlueCare Dental 4 Kids<sup>SM</sup>. Our dental plans provide you with savings on preventive care like check-ups, cleanings, and basic x-rays, as well as on more comprehensive work like fillings, bridges, and crowns. BCBSIL offers two different plans for both adults and children, designed to fit your needs and your budget.

## BlueCare Dental 1A and BlueCare Dental 4 Kids 1A<sup>1</sup> feature:

- 100% coverage on most utilized preventive services with in-network dentists
- Low \$25 deductible for in-network services
- Savings on all dental procedures up to annual \$1,500 maximum; unlimited annual maximum on Blue Care Dental 4 Kids 1A

## BlueCare Dental 1B and BlueCare Dental 4 Kids 1B<sup>1</sup> feature:

- Reduced monthly premium (compared to plans 1A)
- 90% coverage on most preventive services with in-network dentists
- \$75 deductible for in-network services
- Savings on all dental procedures up to annual \$1,000 maximum; unlimited annual maximum on Blue Care Dental 4 Kids 1B



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

See the chart on the back of this page for more detailed coverage information.

# Illinois Dental Plans<sup>1</sup>

	BlueCare Dental 1A		BlueCare Dental 4 Kids 1A		BlueCare Dental 1B		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>	\$25	\$75	\$25	\$75	\$75	\$75	\$75	\$75
<b>Annual Maximum</b>	\$1,500 <sup>2</sup>		\$1,500 <sup>2</sup>		\$1,000 <sup>2</sup>		\$1,000 <sup>2</sup>	
<b>Diagnostic Evaluations</b>	100% <sup>3</sup>	70% <sup>3</sup>	100% <sup>3</sup>	70% <sup>3</sup>	90% <sup>3</sup>	70% <sup>3</sup>	90% <sup>3</sup>	70% <sup>3</sup>
<b>Preventive</b>	100% <sup>3</sup>	70% <sup>3</sup>	100% <sup>3</sup>	70% <sup>3</sup>	90% <sup>3</sup>	70% <sup>3</sup>	90% <sup>3</sup>	70% <sup>3</sup>
<b>Diagnostic Radiographs</b>	100% <sup>3</sup>	70% <sup>3</sup>	100% <sup>3</sup>	70% <sup>3</sup>	90%	70%	90%	70%
<b>Misc Preventive Services</b>	80%	50%	80%	50%	90%	70%	90%	70%
<b>Basic Restorative</b>	80%	50%	80%	50%	70%	50%	70%	50%
<b>Non-Surgical Extractions</b>	80%	50%	80%	50%	70%	50%	70%	50%
<b>Non-Surgical Periodontal</b>	80%	50%	80%	50%	70%	50%	70%	50%
<b>Adjunctive Services</b>	80%	50%	80%	50%	70%	50%	70%	50%
<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</b>	80%	50%	80%	50%	50%	30%	50%	30%
<b>Major Restorative</b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Prosthodontics</b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Misc Restorative &amp; Prosthodontics Services</b>	50%	30%	50%	30%	50%	30%	50%	30%
<b>Orthodontics</b> (under age 21 only)	50%	30%	50% <sup>3</sup>	30% <sup>3</sup>	50%	30%	50% <sup>3</sup>	30% <sup>3</sup>
<b>Out of Pocket Maximum<sup>2</sup></b>	N/A		\$700 for one child / \$1400 for 2+ children	N/A	N/A		\$700 for one child / \$1400 for 2+ children	N/A

## Monthly premium rates for BlueCare Dental<sup>4</sup>

	Region I	Region II	Region I	Region II	Region I	Region II	Region I	Region II
Adult	\$38.55 <sup>5</sup>	\$33.54 <sup>6</sup>	\$52.31 <sup>5</sup>	\$45.51 <sup>6</sup>	\$27.17 <sup>5</sup>	\$23.64 <sup>6</sup>	\$41.97 <sup>5</sup>	\$36.51 <sup>6</sup>
Member + Spouse	\$77.10 <sup>5</sup>	\$67.08 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	\$54.34 <sup>5</sup>	\$47.28 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>
Member + 1 Child	\$90.86 <sup>5</sup>	\$79.05 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	\$69.14 <sup>5</sup>	\$60.15 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>
Family	\$234.03 <sup>5</sup>	\$203.61 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>	\$180.25 <sup>5</sup>	\$156.81 <sup>6</sup>	N/A <sup>5</sup>	N/A <sup>6</sup>

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\* Includes insured, spouse, and three children for this example

1. This document does not contain a complete listing of the exclusion, limitations and conditions that apply to the benefits shown. For full information refer to the member's certificate of benefits booklet.

2. Annual maximum does not apply to members under age 21.

3. Deductible is waived.

4. Rates are subject to change.

5. Region I consists of anyone living in the following zip codes: 600 - 608

6. Region II consists of anyone living in the following zip codes: 609 - 629