

BlueCare Dental[®] for Individuals and Families

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



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 Kids^{5M}. Our dental plans 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 your needs and your budget.

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

- 100% coverage on most preventive services with in-network dentists
- Low \$50 deductible for in-network services
- Savings on all 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:

- Reduced monthly premium (compared to plans 1A)
- 80% coverage on most preventive services provided by in-network dentists
- \$75 deductible for in-network services
- Savings on all 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 of this page for more plan details.

Illinois Dental Plans[†]

	BlueCare Dental 1A		BlueCare Dental 4 Kids 1A		BlueCare Dental 1B ²		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	\$1,500 ³		N/A		\$1,000 ³		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
Misc 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 Periodontal⁵	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%
Misc Restorative & Prosthodontics Services ⁵	50%	30%	50%	30%	50%	30%	50%	30%
Orthodontics ⁶ (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 Premium Rates for BlueCare Dental ⁷								
	Region I [®]	Region II $^{\circ}$	Region I ⁸	Region II ⁹	Region I°	Region II [°]	Region I°	Region II ⁹
Primary Applicant	\$37.35	\$30.40	\$39.75	\$32.35	\$27.70	\$22.55	\$31.00	\$25.23
Member + Spouse	\$74.70	\$60.80	N/A	N/A	\$55.40	\$45.10	N/A	N/A
Member + 1 Child	\$77.10	\$62.75	N/A	N/A	\$58.70	\$47.78	N/A	N/A
Family*	\$187.95	\$157.85	N/A	N/A	\$148.40	\$120.79	N/A	N/A

Get more information at **bcbsil.com** or call 866-514-8044. Or contact an independent 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 BlueCare Dental 1B for family coverage, please refer to BlueCare Dental 1B for Kids, for plan details for dependents under age 21.
- 3. Annual maximum does not apply to members up to age 21.
- 4. Deductible is waived.
- 5. Waiting period may apply for adults.
- 6. Unlimited maximum for medically necessary orthodontia for members up to age 21.
- 7. Rates are subject to change.
- 8. Region 1 rates apply to members residing in the following counties: Cook, DuPage, Kane, Lake, and McHenry.
- 9. Region 2 rates apply to all members residing in counties outside Region 1.
- * Includes insured, spouse, and three children for this example.