

BlueCare DentalSM 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 KidsSM. 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 1A¹ feature:

- 100% coverage on most utilized 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 1B¹ feature:

- Reduced monthly premium (compared to plans 1A)
- 80% 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 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 detailed coverage information.

Illinois Dental Plans¹

| | 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 | In network | Out of network |
| Deductible (3x Family) | \$50 | \$50 | \$50 | \$50 | \$75 | \$75 | \$75 | \$75 |
| Annual Maximum | \$1,500 ³ | | Unlimited | | \$1,000 ³ | | Unlimited | |
| 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% | 70% | 80% | 60% |
| 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 Periodontal | 80% | 50% | 80% | 50% | 50% | 30% | 50% | 30% |
| Major Restorative | 50% | 30% | 50% | 30% | 50% | 30% | 50% | 30% |
| Prosthodontics | 50% | 30% | 50% | 30% | 50% | 30% | 50% | 30% |
| Misc Restorative & Prosthodontics Services | 50% | 30% | 50% | 30% | 50% | 30% | 50% | 30% |
| Orthodontics (up to age 19) | N/A | N/A | 50% ⁴ | 30% ⁴ | N/A | N/A | 50% ⁴ | 30% ⁴ |
| Out of Pocket Maximum⁵ | \$350 for one child/\$700 for 2+ children | N/A | \$350 for one child/\$700 for 2+ children | N/A | \$350 for one child/\$700 for 2+ children | N/A | \$350 for one child/\$700 for 2+ children | N/A |

Monthly premium rates for BlueCare Dental⁶

| | Region I | Region II | Region I | Region II | Region I | Region II | Region I | Region II |
|-------------------|-----------------------|-----------------------|----------------------|----------------------|-----------------------|-----------------------|----------------------|----------------------|
| Primary Applicant | \$33.33 ⁷ | \$27.00 ⁸ | \$42.11 ⁷ | \$34.11 ⁸ | \$27.70 ⁷ | \$22.44 ⁸ | \$33.02 ⁷ | \$26.75 ⁸ |
| Member + Spouse | \$66.66 ⁷ | \$54.00 ⁸ | N/A ⁷ | N/A ⁸ | \$55.40 ⁷ | \$44.88 ⁸ | N/A ⁷ | N/A ⁸ |
| Member + 1 Child | \$75.44 ⁷ | \$61.11 ⁸ | N/A ⁷ | N/A ⁸ | \$60.72 ⁷ | \$49.19 ⁸ | N/A ⁷ | N/A ⁸ |
| Family* | \$192.99 ⁷ | \$156.33 ⁸ | N/A ⁷ | N/A ⁸ | \$154.46 ⁷ | \$125.13 ⁸ | N/A ⁷ | N/A ⁸ |

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

* Includes insured, spouse, and three or more children

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. If choosing BlueCare Dental 1B for family coverage, please refer to the policy's certificate of benefits booklet. Plan details for dependents under age 19 are not shown above.

3. Annual maximum does not apply to members up to age 19.

4. Deductible is waived.

5. Out of Pocket Maximum only applies to members up to age 19.

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.