



City of Chicago
BlueCare Dental HMOSM Frequently Asked Questions
(Effective January 1, 2026)

Which dentists may I see for my dental care?

When you enroll in BlueCare Dental DHMO, you'll be asked to select a participating dental office from the BlueCare Dental HMO network. You will then receive a welcome letter confirming your selection and a non-personalized wallet card. With the exception of out-of-area emergency services and certain specialty services, all of your dental care needs will be provided by, or coordinated through, your selected dental office.

How do I find a participating dentist?

To find a participating dentist and maximize your savings, you can go online at bcbsil.com/cityofchicago and select **Find a Dentist**. Or call Customer Service, toll-free, at **855-557-5487**, Monday through Friday from 8 a.m. to 6 p.m. CT.

How can I switch dentists?

You can switch dentists by calling Customer Service at **855-557-5487**, which is indicated on your wallet card. If you make your change by the 20th of the month, it will become effective on the first of the following month. If any covered family members have dental work in progress, the work must be completed before switching offices.

Can different covered family members go to different dentists?

Yes, each covered family member can select a participating BlueCare Dental HMO dentist of their choice.

How does the Dental HMO plan work?

There are no annual maximum benefit limits or annual deductibles. Services covered by the BlueCare Dental HMO plan and their related copayments are explained under your group dental benefits plan. Please refer to your benefits booklet for coverage, conditions, exclusions and limitations.

What do I do if I need to see a specialist?

Your primary dentist will coordinate the referral to a participating specialist.

What if I need care while I am traveling?

If you have a dental emergency and are traveling outside the service area (50 mile radius), you should attempt to contact your dental office or Customer Service at **855-557-5487** and follow directions you receive. Otherwise, you may visit any dentist for emergency care only, and the plan will cover up to \$50 less the appropriate copayment.

When does coverage end?

Generally, your employee's coverage under your insurance plan ceases at retirement or immediately upon termination of active full-time employment. A spouse or dependent's coverage ends when they cease to meet the definition of a spouse or dependent.

What if I have other questions?

Please call Customer Service at **855-557-5487** Monday through Friday from 8 a.m. to 6 p.m. CT. Our Customer Advocates can answer many of your questions, provide you with benefit, claims and eligibility information, along with our mailing address, and help you find the names of Dental HMO dentists near you.