



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

With the BlueCare Dental PPO plan, you have the ability to choose any dental provider, but your out-of-pocket costs for covered services are substantially lower when you receive care from participating (contracting) dentists.

What are the advantages of choosing a Contracting PPO dentist?

Your **BlueCare Dental PPO plan** has one of the largest national networks of contracting general and specialty dental providers, offering you flexibility in choosing a dentist. With BlueCare DentalSM, members may receive coverage for services obtained from any licensed dentist in the United States; however, when a participating dentist is selected, the network offers members negotiated discounts for covered services. *Now that's something to smile about!*

You pay less out-of-pocket for your dental services and participating providers will not balance bill you. What this means is, when you see a participating dentist, you will not be responsible for the difference between the allowed amount by the plan and the dentist's billed charge. You will be responsible only for the deductible and coinsurance amounts, where applicable. However, if you do not see a participating dentist, you will be responsible for the difference between the allowed amount by the plan up to the billed charge. Also, dental specialists can be chosen from the network without a referral for covered services.

You will be responsible only for your deductible, copay and coinsurance, if any, when you go to a network dentist for covered services. The network dentists will also fill out and file your claim form, which means you do not have to file the paperwork or pay the full charges upfront – this equals fewer hassles for you.

How can 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 Care**. Or call Customer Service, toll-free, at **855-557-5487**, Monday through Friday from 8 a.m. to 6 p.m. CT.

What if I go to a nonparticipating dentist?

If you go to a dentist who does *not* participate in the **BlueCare Dental PPO** network (non-contracting), you will still be covered, but you will incur a higher out-of-pocket expense. Payments will be based on a Maximum Allowable Charges or the average in-network negotiated fees, in most cases. If your dentist charges more than the maximum allowable charge, you may be responsible to pay the difference. You may also have to submit your own claims.

Does this dental product coordinate with other benefits?

Yes. If a covered individual is covered by more than one dental plan, the primary carrier is determined in several ways. The contracted member always retains his or her own insurance as primary. If he or she has additional coverage through their spouse, this additional coverage is considered secondary. When a dependent child has dual coverage, then the parent with the earlier birthday in the calendar year provides the primary benefit.

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 PPO dentists near you.