



BlueCross BlueShield of Illinois

BlueCare DentalSM for Individuals and Families

2023

Complete your health care coverage with a dental plan from Blue Cross and Blue Shield of Illinois.

Dental care is vital to 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 coverage for preventive services like checkups, cleanings and basic X-rays, as well as procedures like fillings, bridges and crowns. We have three plans for adults and two for children, each designed to fit your family's needs and budget.

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

- 100% coverage for most preventive services when you go to a dentist in the network
- \$50 deductible
- Coverage for all dental procedures up to the annual \$1,500 maximum or the unlimited annual maximum for children

BlueCare Dental 1C features:

- Even lower monthly premium than 1B plans
- 80% coverage for most preventive services when you go to a dentist in network
- \$75 deductible
- Coverage for all dental procedures up to the annual \$1,000 maximum

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

- Lower monthly premium compared to 1A plans
- 90% coverage for most preventive services when you go to a dentist in the network
- \$75 deductible
- Coverage for all dental procedures up to the annual \$1,000 maximum or the unlimited annual maximum for children

**Call us at 800-477-2000 or contact an
independent, authorized Blue Cross and
Blue Shield of Illinois agent.**

See the chart on the back for more plan details.

Dental Plans¹

The benefits below show what the member will pay.²

2023	BlueCare Dental 1A ³	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B ³	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C					
	In Network									
Individual Deductible (Family deductible equals 3 times individual)	\$50	\$50	\$75	\$75	\$75					
Annual Maximum	\$1,500 ⁴	N/A	\$1,000 ⁴	N/A	\$1,000 ⁴					
Diagnostic Evaluations	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵					
Preventive	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵					
Diagnostic Radiographs	0% ⁵	0% ⁵	10% ⁵	20% ⁵	20% ⁵					
Miscellaneous Preventive Services	20%	20%	10%	20%	20%					
Basic Restorative	20%	20%	30%	50%	50% ⁶					
Non-Surgical Extractions	20%	20%	30%	50%	50% ⁶					
Non-Surgical Periodontal	20%	20%	30%	50%	50% ⁶					
Adjunctive Services	20%	20%	30%	50%	50% ⁶					
Endodontics	20%	20%	50%	50%	50% ⁶					
Oral Surgery	20%	20%	50%	50%	50% ⁶					
Surgical Periodontal	20% ⁷	20% ⁷	50% ⁷	50% ⁷	50% ⁷					
Major Restorative	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷					
Prosthodontics	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷					
Miscellaneous Restorative & Prosthodontics Services	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷					
Orthodontics ⁸ (up to age 19)	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵					
Out-of-Pocket Maximum	\$375 for 1 child/ \$750 for 2+ children	\$375 for 1 child/ \$750 for 2+ children	\$375 for 1 child/ \$750 for 2+ children	\$375 for 1 child/ \$750 for 2+ children	\$375 for 1 child/ \$750 for 2+ children					
Monthly Rates for BlueCare Dental ⁹										
	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹	Region 1 ¹⁰	Region 2 ¹¹
Individual Member	\$38.01	\$30.94	\$36.82	\$29.97	\$25.24	\$20.54	\$26.80	\$21.81	\$19.99	\$16.27
Member + Spouse	\$76.02	\$61.88	N/A	N/A	\$50.48	\$41.08	N/A	N/A	\$39.98	\$32.54
Member + 1 Child	\$74.83	\$60.91	N/A	N/A	\$52.04	\$42.35	N/A	N/A	\$46.12	\$37.53
Family*	\$186.48	\$151.79	N/A	N/A	\$130.88	\$106.51	N/A	N/A	\$118.37	\$96.32



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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. All benefits shown represent in-network coverage. Members may pay more if they go out of network.

3. If choosing family coverage, for BlueCare Dental 1A please refer to BlueCare Dental 4 Kids 1A for plan details for dependents under age 19.

If choosing BlueCare Dental 1B, refer to BlueCare Dental 4 Kids 1B for plan details for dependents under age 19.

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

5. Deductible is waived.

6. Six month waiting period from date of purchase applies before any services are allowed.

7. Twelve month waiting period from date of purchase applies before any services are allowed.

8. Unlimited maximum for medically necessary orthodontia for members up to age 19.

9. Rates are subject to change.

10. Region 1 rates apply to members residing in the following counties: Cook, DuPage, Kane, Lake, and McHenry.

11. Region 2 rates apply to members residing in counties outside Region 1.

* Includes insured person, spouse, and three children for this example. Additional children can be added at the plan's child rate.



Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إن كان لديك أو لدى شخص تساعد أسئلة، فلدك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da bíká anáníłwo'ígíí, na'idíłkidgo, ts'idá bee ná ahóótí'i' t'áá níłk'e níká a'doolwoł dóó bína'idíłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłłnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nêu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.