

Dental Plans¹

The benefits below show what the member will pay.²

| 2024 | 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) | \$25 | \$25 | \$50 | \$50 | \$50 | | | | | |
| Annual Maximum | \$1,500 ⁴ | N/A | \$1,000 ⁴ | N/A | \$1,000 ⁴ | | | | | |
| Diagnostic Evaluations | No charge ⁵ | No charge ⁵ | 10% ⁵ | 20% ⁵ | 20% ⁵ | | | | | |
| Preventive | No charge ⁵ | No charge ⁵ | 10% ⁵ | 20% ⁵ | 20% ⁵ | | | | | |
| Diagnostic Radiographs | No charge ⁵ | No charge 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 | | | | | |
| Orthodontics⁸ (up to age 19) | 50% ⁵ | 50% ⁵ | 50% ⁵ | 50% ⁵ | 50% ⁵ | | | | | |
| Out-of-Pocket Maximum | \$400 for 1 child/ \$800 for 2+ children | \$400 for 1 child/ \$800 for 2+ children | \$400 for 1 child/ \$800 for 2+ children | \$400 for 1 child/ \$800 for 2+ children | \$400 for 1 child/ \$800 for 2+ children | | | | | |
| Monthly Rates for BlueCare Dental⁹ | | | | | | | | | | |
| | 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 | \$35.73 | \$29.08 | \$36.82 | \$29.97 | \$23.98 | \$19.51 | \$24.66 | \$20.07 | \$18.99 | \$15.45 |
| Member + Spouse | \$71.46 | \$58.16 | N/A | N/A | \$47.96 | \$39.02 | N/A | N/A | \$37.98 | \$30.90 |
| Member + 1 Child | \$72.55 | \$59.05 | N/A | N/A | \$48.64 | \$39.58 | N/A | N/A | \$43.03 | \$35.02 |
| Family* | \$181.92 | \$148.07 | N/A | N/A | \$121.94 | \$99.23 | N/A | N/A | \$110.10 | \$89.61 |



Call us at 800-477-2000 or contact an independent, authorized 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. 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>



BlueCross BlueShield of Illinois

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.