

BlueCare Dental ClassicSM for Individuals

Complete your health care coverage with an affordable 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 Classic. Our dental plans provide you with savings on preventive services like checkups, cleanings and basic X-rays, as well as on procedures like fillings, bridges and crowns. BCBSIL provides three plans designed to fit your needs and budget.

BlueCare Dental Classic PremierSM

- 100% coverage on most preventive services when you choose in-network dentists
- \$50 deductible for in-network services
- Potential savings on most covered dental procedures up to annual \$2,000 maximum

BlueCare Dental Classic StandardSM

- 80% coverage on most preventive services when you choose in-network dentists
- \$75 deductible for in-network services
- Potential savings on most covered dental procedures up to annual \$1,000 maximum

BlueCare Dental Classic BasicSM

- 100% coverage on most preventive services when you choose in-network dentists
- \$50 deductible for in-network services
- Potential savings on most covered dental procedures up to annual \$1,000 maximum
- Only diagnostic, preventive and basic restorative services are covered under this plan

For more information please contact an independent, authorized agent or visit [coverageplusIL.com](https://www.coverageplusIL.com).

See the chart on the back for more plan details.

Dental Plans^{1,2}

	BlueCare Dental Classic Premier		BlueCare Dental Classic Standard		BlueCare Dental Classic Basic ³	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Deductible	\$50	\$50	\$75	\$100	\$50	\$75
Annual Maximum	\$2,000		\$1,000		\$1,000	
Diagnostic Evaluations	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Preventive	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Diagnostic Radiographs	100% ⁴	100% ⁴	80%	80%	100% ⁴	100% ⁴
Miscellaneous Preventive Services	80%	80%	50%	50%	80%	80%
Basic Restorative	80%	80%	50%	50%	80%	80%
Non-Surgical Extractions	80%	80%	50%	50%	N/A	N/A
Non-Surgical Periodontal	80%	80%	50%	50%	N/A	N/A
Adjunctive Services	80%	80%	50%	50%	N/A	N/A
Endodontics	50%	50%	50%	50%	N/A	N/A
Oral Surgery	50%	50%	50%	50%	N/A	N/A
Orthodontics	N/A	N/A	N/A	N/A	N/A	N/A

The services below have a 12 month waiting period from effective date.

Surgical Periodontal	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Major Restorative	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Prosthodontics	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A
Miscellaneous Restorative and Prosthodontics Services	50% ⁵	50% ⁵	50% ⁵	50% ⁵	N/A	N/A

Monthly Rates for BlueCare Dental Classic⁶

	Region 1 ⁷	Region 2 ⁸	Region 1 ⁷	Region 2 ⁸	Region 1 ⁷	Region 2 ⁸
Individual Member	\$61.55	\$56.73	\$35.88	\$32.87	\$22.23	\$19.88

For more information please contact an independent, authorized agent or visit coverageplusIL.com.

BlueCare Dental Classic plans cover only one person per policy.

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 your certificate of benefits booklet.

2 This is a 12-month policy (from effective date).

3 Only diagnostic, preventive and basic restorative services are covered under this plan.

4 Deductible is waived.

5 Twelve-month waiting period may apply.

6 Rates 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 members residing in counties outside Region 1.

This type of plan is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the individual mandate, if any, that you have health insurance coverage. If you do not have other health care coverage, you may be subject to a tax penalty. Please consult your tax adviser.



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
Email: CivilRightsCoordinator@hcsc.net

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، فلديك 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 બીજી વ્યક્તિને એસ.બી.એમ. કાયદુમ 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 नि:शुल्क 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'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíłníh kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی 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	Nếu 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.