BlueCross BlueShield of Illinois

BlueCare Dental℠ for Individuals and Families

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



2027

Dental care is vital to your overall health. That is why Blue Cross and Blue Shield of Illinois offers BlueCare Dental and BlueCare Dental 4 Kids℠. 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.

BCBSIL offers a variety of plans to fit your family's needs and budget. We have five plans for families and two for children.

- All plans offer coverage for basic preventive services, including 100% coverage in network for BlueCare Dental 1A plans.
- Plans also offer coverage for other dental procedures, including oral surgery, extractions, restorative work and more.*
- We offer a range of monthly rates to fit your budget. Our BlueCare Dental 1E plan features the lowest rates.
- Use the table on the next page to compare plans and monthly rates to find the one that works best for you.

Call us at 1-800-477-2000 or contact an independent, authorized agent for Blue Cross and Blue Shield of Illinois.

* You may need to have your plan for a certain amount of time, or "waiting period," before benefits will be paid for some services. Be sure to check your certificate of benefits booklet for details.

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Dental Plans[1]

The benefits below show what the member will pay in network.[2]

2027	BlueCare Dental					BlueCare Dental 4 Kids	
	1A	1B	1C	1D	1E	1A	1B
Individual Deductible (Family deductible equals 3 times individual)	$25	$50	$50	$50	$50	$25	$50
Annual Maximum	$1,500[4]	$1,000[4]	$1,000[4]	$1,000[4]	$1,000[4]	N/A	N/A
Diagnostic Evaluations	No charge[5]	No charge[5]	20%[5]	No charge[5]	No charge[5]	No charge[5]	20%[5]
Preventive	No charge[5]	No charge[5]	20%[5]	No charge[5]	No charge[5]	No charge[5]	20%[5]
Diagnostic Radiographs	No charge[5]	No charge[5]	20%[5]	No charge[5]	No charge[5]	No charge[5]	20%[5]
Miscellaneous Preventive Services	20%	No charge	20%	No charge	No charge	20%	20%
Basic Restorative	20%	40%	50%	50%	Not Covered	20%	50%
Non-Surgical Extractions	20%	40%	50%[6]	50%[6]	Not Covered	20%	50%
Non-Surgical Periodontal	20%	40%	50%[6]	50%[6]	Not Covered	20%	50%
Adjunctive Services	20%	40%	50%[6]	50%[6]	Not Covered	20%	50%
Endodontics	20%	50%	50%[6]	Not Covered	Not Covered	20%	50%
Oral Surgery	20%	50%	50%[6]	Not Covered	Not Covered	20%	50%
Surgical Periodontal	20%[7]	50%[7]	50%[7]	Not Covered	Not Covered	20%	50%
Major Restorative	50%[7]	50%[7]	50%[7]	Not Covered	Not Covered	50%	50%
Prosthodontics	50%[7]	50%[7]	50%[7]	Not Covered	Not Covered	50%	50%
Miscellaneous Restorative & Prosthodontics Services	50%[7]	50%[7]	50%[7]	Not Covered	Not Covered	50%	50%
Orthodontics[8] (up to age 19)	50%[5]	50%[5]	50%[5]	50%[5]	50%[7]	50%[5]	50%[5]
Out-of-Pocket Maximum	$450 for 1 child / $900 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]	Region 1[10]	Region 2[11]	Region 1[10]	Region 2[11]
Individual Member	$42.45	$34.55	$28.49	$23.19	$19.25	$15.67	$16.36	$13.32	$11.12	$9.05	$43.75	$35.61	$31.05	$25.27
Member + Spouse	$84.90	$69.10	$56.98	$46.38	$38.50	$31.34	$32.72	$26.64	$22.24	$18.10	N/A	N/A	N/A	N/A
Member + 1 Child	$86.20	$70.16	$59.54	$48.46	$46.95	$38.22	$44.06	$35.87	$38.82	$31.60	N/A	N/A	N/A	N/A
Family*	$216.15	$175.93	$150.13	$122.19	$121.60	$98.99	$115.82	$94.29	$105.34	$85.75	N/A	N/A	N/A	N/A

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.

Image(s) may have been created or enhanced using artificial intelligence tools.

BlueCross BlueShield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

300 East Randolph Street
Chicago, IL 60601

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language 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, you can file a grievance with:

Office of Civil Rights Coordinator	Phone:	855-664-7270 (voicemail)
Attn: Office of Civil Rights Coordinator	TTY/TDD:	855-661-6965
300 E. Randolph St., 35th Floor	Fax:	855-661-6960
Chicago, IL 60601	Email:	civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

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

US Dept of Health & Human Services	Phone: 800-368-1019
200 Independence Avenue SW	TTY/TDD: 800-537-7697
Room 509F, HHH Building	Complaint Portal:
Washington, DC 20201	ocrportal.hhs.gov/ocr/smartscreen/main.jsf
	Complaint Forms:
	hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-710-6984 (TTY: 711) or speak to your provider.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-710-6984 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 855-710-6984 (TTY: 711) أو تحدث إلى مقدم الخدمة.

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中文 Chinese	注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-710-6984（文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-710-6984 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-710-6984 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 855-710-6984 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
हिंदी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 855-710-6984 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'855-710-6984 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-710-6984(TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 855-710-6984 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر فارسي صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 855-710-6984 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.
Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-710-6984 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
РУССКИЙ Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-710-6984 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-710-6984 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔855-710-6984 (711:TTY) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-710-6984 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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