



OPTIONAL ADULT DENTAL 1B

BlueCare DentalSM for Student Health

If you are enrolled in the AcademicBlueSM student health insurance plan, you have the option to purchase dental coverage from Blue Cross and Blue Shield of Illinois (BCBSIL). You can choose your dentist from our statewide provider network.*

With our BlueCare Dental plan, you'll save money on things like:

- Exams
- Cleanings
- Fillings
- Crowns

By using our network dentists, you get:

- Coverage on the most used preventive services
- Savings on all dental procedures

2021-2022 Illinois Student Health Dental Plan¹

The benefits on this chart represent what the Plan will pay.

BlueCare Dental 1B Age 19 and Older	In-network Benefit	Out-of-network Benefit
Deductible	\$75	
Annual Maximum	\$1,000	
Diagnostic Evaluations² (deductible waived) Oral examinations (2 every 12 months)	90%	70%
Preventive Services² (deductible waived) Prophylaxis (2 cleanings every 12 months)	90%	70%
Diagnostic Radiographs² (deductible waived) Dental X-rays, full mouth (1 every 36 months)	90%	70%
Miscellaneous Preventive Services Sealants/space maintainers	90%	70%
Basic Restorative Services Services for restorations needed to repair damage caused by basic dental decay, including tooth preparation, all adhesives, bases, liners and polishing; routine fillings (amalgam and resin-based composite)	70%	50%
Non-Surgical Extractions Removal of erupted tooth	70%	50%
Non-Surgical Periodontal Periodic scaling and planing	70%	50%
Adjunctive Services Services for palliative treatment (emergency) of dental pain, when not performed in conjunction with planned treatment; general anesthesia	70%	50%
Endodontic Services Services for treatment related to dental disease of the tooth pulp	50%	30%
Oral Surgery Services Surgical tooth extractions	50%	30%
Surgical Periodontal³ Gingivectomy/gingivoplasty/osseous surgery and grafts	50%	30%
Major Restorative Services³ Services to restore tooth structures lost as a result of decay or fracture; single-crown restorations; inlay/onlay restorations	50%	30%
Prosthodontic Services³ Bridges/full and partial dentures	50%	30%
Misc Restorative & Prosthodontics Services³ Recementation of crowns, inlays, onlays/crown repair	50%	30%

Important notes:

This document applies to ZIP codes that begin with the following numbers: 609 - 629.

All benefits are based upon the allowable amount, which is the amount determined by BCBSIL as the maximum amount eligible for payment of benefits. A contracting dentist cannot bill for charges in excess of the allowable amount. Benefits for services provided by a non-contracting dentist will be based upon the same allowable amount, and it is likely that the non-contracting dentist will bill for amounts above this, resulting in higher out-of-pocket expenses.

1. This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown.
2. Deductible is waived.
3. A 12-month waiting period may apply. Prior continuous coverage in this plan can be applied to the waiting period requirement.

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability. To get help and information in your language at no cost, please call us at 855-710-6984.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-710-6984 (TTY: 711).
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 855-710-6984 (TTY: 711).

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