



ADULT DENTAL 1B

## BlueCare Dental<sup>SM</sup> for Student Health

You have the option to purchase dental coverage from Blue Cross and Blue Shield of Illinois. You can save money by choosing an in-network 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 in-network dentists, you get:**

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

# 2025-2026 Illinois Student Health Dental Plan<sup>1</sup>

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

BlueCare Dental 1B Age 19 and Older <sup>2</sup>	In-network Benefit*	Out-of-network Benefit*
<b>Deductible</b>	\$75	
<b>Annual Maximum</b>	\$1,000	
<b>Diagnostic Evaluations<sup>3</sup></b> (deductible waived) Oral examinations (2 every 12 months)	90%	70%
<b>Preventive Services<sup>3</sup></b> (deductible waived) Prophylaxis (2 cleanings every 12 months)	90%	70%
<b>Diagnostic Radiographs<sup>3</sup></b> (deductible waived) Dental X-rays, full mouth (1 every 36 months)	90%	70%
<b>Miscellaneous Preventive Services</b> Sealants/space maintainers	90%	70%
<b>Basic Restorative Services</b> 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%
<b>Non-Surgical Extractions</b> Removal of erupted tooth	70%	50%
<b>Non-Surgical Periodontal</b> Periodic scaling and planing	70%	50%
<b>Adjunctive Services</b> Services for palliative treatment (emergency) of dental pain, when not performed in conjunction with planned treatment; general anesthesia	70%	50%
<b>Endodontic Services</b> Services for treatment related to dental disease of the tooth pulp	50%	30%
<b>Oral Surgery Services</b> Surgical tooth extractions	50%	30%
<b>Surgical Periodontal<sup>4</sup></b> Gingivectomy/gingivoplasty/osseous surgery and grafts	50%	30%
<b>Major Restorative Services<sup>4</sup></b> Services to restore tooth structures lost as a result of decay or fracture; single-crown restorations; inlay/onlay restorations	50%	30%
<b>Prosthodontic Services<sup>4</sup></b> Bridges/full and partial dentures	50%	30%
<b>Miscellaneous Restorative and Prosthodontics Services<sup>4</sup></b> Recementation of crowns, inlays, onlays/crown repair	50%	30%

**\* Important notes:**

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. It is likely 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. Please refer to the dental plan policy for additional details.

2. Please refer to your dental plan policy for members under the age of 19.

3. Deductible is waived.

4. A 12-month waiting period from date of purchase applies before any services are allowed.

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).



### Health care coverage is important for everyone.

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. 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. 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., 35<sup>th</sup> Floor  
Chicago, IL 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/smartscreen/main.jsf>  
Complaint Forms: <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

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

Español	Llámenos al 855-710-6984 para recibir asistencia lingüística o comunicación en otros formatos sin costo.
العربية	لتلقي المساعدة اللغوية أو التواصل مجاً، يرجى الاتصال بنا على الرقم 855-710-6984.
繁體中文	如欲獲得免費語言或溝通協助，請撥打855-710-6984與我們聯絡。
Français	Pour bénéficier gratuitement d'une assistance linguistique ou d'une aide à la communication, veuillez nous appeler au 855-710-6984.
Deutsch	Um kostenlose Sprach- oder Kommunikationshilfe zu erhalten, rufen Sie uns bitte unter 855-710-6984 an.
ગુજરાતી	ભાષા અથવા સંચાર સહાય મફતમાં મેળવવા માટે, કૃપા કરીને અમને 855-710-6984 પર કોલ કરો.
हिंदी	निःशुल्क भाषा या संचार सहायता प्राप्त करने के लिए, कृपया हमें 855-710-6984 पर कॉल करें।
Italiano	Per assistenza gratuita alla lingua o alla comunicazione, chiami il numero 855-710-6984.
한국어	언어 또는 의사소통 지원을 무료로 받으려면 855-710-6984번으로 전화해 주세요.
Navajo	Niná: Doo bilagáana bizaad dinits'á'góó, shá ata' hodooni nínízingo, t'áájí'k'eh bee náhaz'á. 1-866-560-4042 jì' hodíilni.
فارسی	برای دریافت کمک زبانی یا ارتباطی رایگان، لطفاً با شماره 855-710-6984 تماس بگیرید.
Polski	Aby uzyskać bezpłatną pomoc językową lub komunikacyjną, prosimy o kontakt pod numerem 855-710-6984.
Русский	Чтобы бесплатно воспользоваться услугами перевода или получить помощь при общении, звоните нам по телефону 855-710-6984.
Tagalog	Para makatanggap ng tulong sa wika o komunikasyon nang walang bayad, pakitawagan kami sa 855-710-6984.
اردو	مفت میں زبان یا مواصلت کی مدد موصول کرنے کے لیے، براہ کرم ہمیں 855-710-6984 پر کال کریں۔
Tiếng Việt	Để được hỗ trợ ngôn ngữ hoặc giao tiếp miễn phí, vui lòng gọi cho chúng tôi theo số 855-710-6984.