



2022 BlueCare Dental ClassicSM

Individual Plan Portfolio

BlueCare Dental Classic PremierSM
BlueCare Dental Classic StandardSM
BlueCare Dental Classic BasicSM

- Designed for the Medicare Supplement Plan and PDP consumer
- Three plans to meet clients' needs
- Enroll on a convenient online platform



Individual portfolio designed to:

- **Diversify** product offering
- **Provide** solutions to complement the member's health needs
- **Lower** cost barriers to care for members
- **Focus** on providing a variety of benefit features to a broad base

Overview

- BlueCare Dental Classic plans are a dental solution to meet the needs of your clients, specifically your clients with **Medicare Supplement** and **PDP** coverage
- Three options to address your clients' budgets and lifestyles

Sales Information

- Applications can be submitted through Coverage Plus Central (an online enrollment platform) at **coverageplusIL.com**
- If you sell Blue Cross and Blue Shield of Illinois (BCBSIL) health plans, you are already appointed to sell these products

Post-Sales Information

- After approval, members will receive a policy fulfillment kit containing their ID card, outline of coverage, and policy booklet.
- You can track your business by going to **coverageplusIL.com** and creating a profile
- Members are able to log into **coverageplusIL.com** to see their dental selections and other important information

Dental Network of America (DNoA)

- DNoA is a separate company that is the administrator for BCBSIL dental plans.
- DNoA network has over 6,000 dentists in Illinois at more than 25,000 access points

BlueCare Dental Classic plans

- Non-ACA dental plans provide coverage for cleanings, preventive services and much more
- While this plan can be sold to adults age 18 and over, the product is designed for members with **Medicare Supplement** or **PDP** coverage
- A policyholder-only plan with no dependent coverage
- A policy sold and approved will be effective the 1st day of the next month, unless a different effective date is selected.

BlueCare Dental Classic Premier

- Geared toward consumers seeking a higher level of benefits
- \$2,000 annual max with \$50 in-network deductible
- Preventive dental services deductible waived

BlueCare Dental Classic Standard

- Geared toward budget-conscious consumers who have dental needs beyond preventive services
- \$1,000 annual max with \$75 in-network deductible

BlueCare Dental Classic Basic

- Geared toward the budget-conscious consumer
- Only diagnostic, preventive and basic restorative services are covered under this plan
- \$1,000 annual max with \$50 in-network deductible
- Preventive dental services deductible waived

BlueCare Dental Classic 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 Classic ⁶						
	Region 1 ⁷	Region 2 ⁸	Region 1 ⁷	Region 2 ⁸	Region 1 ⁷	Region 2 ⁸
Individual Member	\$59.64	\$54.98	\$34.76	\$31.85	\$21.55	\$19.27

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. Please consult your tax adviser.

NOT FOR DISTRIBUTION TO BENEFICIARIES, MEMBERS, OR PROSPECTS