



# BlueCare Dental<sup>SM</sup> for Individuals and Families



2024

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

Dental care is vital to your overall health. That is why Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers BlueCare Dental and BlueCare Dental 4 Kids<sup>SM</sup>. 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. We have three plans for adults and two for children, each designed to fit your family's needs and budget.

### BlueCare Dental 1A and BlueCare Dental 4 Kids 1A feature:

- 100% coverage for most preventive services when you go to a dentist in the network
- \$25 individual deductible
- Coverage for all dental procedures up to the annual \$1,500 maximum or the unlimited annual maximum for children

### BlueCare Dental 1C features:

- Even lower monthly premium than 1B plans
- 80% coverage for most preventive services when you go to a dentist in network
- \$50 individual deductible
- Coverage for all dental procedures up to the annual \$1,000 maximum

### BlueCare Dental 1B and BlueCare Dental 4 Kids 1B feature:

- Lower monthly premium compared to 1A plans
- 90% coverage for most preventive services when you go to a dentist in the network
- \$50 individual deductible
- Coverage for all dental procedures up to the annual \$1,000 maximum or the unlimited annual maximum for children

**Call us at 866-303-2583 or contact an independent, authorized Blue Cross and Blue Shield of Oklahoma agent.**

See the chart on the back for more plan details.

# Dental Plans<sup>1</sup>

The benefits below show what the member will pay.<sup>2</sup>

2024	BlueCare Dental 1A <sup>3</sup>	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B <sup>3</sup>	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C
	In Network				
<b>Individual Deductible</b> (Family deductible equals 3 times individual)	\$25	\$25	\$50	\$50	\$50
<b>Annual Maximum</b>	\$1,500 <sup>4</sup>	N/A	\$1,000 <sup>4</sup>	N/A	\$1,000 <sup>4</sup>
<b>Diagnostic Evaluations</b>	No charge <sup>5</sup>	No charge <sup>5</sup>	10% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>
<b>Preventive</b>	No charge <sup>5</sup>	No charge <sup>5</sup>	10% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>
<b>Diagnostic Radiographs</b>	No charge <sup>5</sup>	No charge <sup>5</sup>	10% <sup>5</sup>	20% <sup>5</sup>	20% <sup>5</sup>
<b>Miscellaneous Preventive Services</b>	20%	20%	10%	20%	20%
<b>Basic Restorative</b>	20%	20%	30%	50%	50% <sup>6</sup>
<b>Non-Surgical Extractions</b>	20%	20%	30%	50%	50% <sup>6</sup>
<b>Non-Surgical Periodontal</b>	20%	20%	30%	50%	50% <sup>6</sup>
<b>Adjunctive Services</b>	20%	20%	30%	50%	50% <sup>6</sup>
<b>Endodontics</b>	20%	20%	50%	50%	50% <sup>6</sup>
<b>Oral Surgery</b>	20%	20%	50%	50%	50% <sup>6</sup>
<b>Surgical Periodontal</b>	20% <sup>7</sup>	20% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>
<b>Major Restorative</b>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>
<b>Prosthodontics</b>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>
<b>Miscellaneous Restorative &amp; Prosthodontics Services</b>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>	50% <sup>7</sup>
<b>Orthodontics<sup>8</sup></b> (up to age 19)	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>	50% <sup>5</sup>
<b>Out-of-Pocket Maximum</b>	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children	\$400 for 1 child/ \$800 for 2+ children
<b>Monthly Rates for BlueCare Dental<sup>9</sup></b>					
<b>Individual Member</b>	\$34.95	\$35.81	\$22.78	\$25.97	\$18.43
<b>Member + Spouse</b>	\$69.90	N/A	\$45.56	N/A	\$36.86
<b>Member + 1 Child</b>	\$70.76	N/A	\$48.75	N/A	\$44.11
<b>Family*</b>	\$177.33	N/A	\$123.47	N/A	\$113.90



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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.

\* Includes insured person, spouse, and three children for this example. Additional children can be added at the plan's child rate.



**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

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>



**BlueCross BlueShield of Oklahoma**

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.