



BlueCare DentalSM for Individuals and Families



2024

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

Dental care is vital to your overall health. That is why Blue Cross and Blue Shield of Montana (BCBSMT) offers BlueCare Dental and BlueCare Dental 4 KidsSM. 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 844-525-6188 or contact an independent, authorized Blue Cross and Blue Shield of Montana agent.

See the chart on the back for more plan details.

Dental Plans¹

The benefits below show what the member will pay.²

2024	BlueCare Dental 1A ³	BlueCare Dental 4 Kids 1A	BlueCare Dental 1B ³	BlueCare Dental 4 Kids 1B	BlueCare Dental 1C
	In Network				
Individual Deductible (Family deductible equals 3 times individual)	\$25	\$25	\$50	\$50	\$50
Annual Maximum	\$1,500 ⁴	N/A	\$1,000 ⁴	N/A	\$1,000 ⁴
Diagnostic Evaluations	No charge ⁵	No charge ⁵	10% ⁵	20% ⁵	20% ⁵
Preventive	No charge ⁵	No charge ⁵	10% ⁵	20% ⁵	20% ⁵
Diagnostic Radiographs	No charge ⁵	No charge ⁵	10% ⁵	20% ⁵	20% ⁵
Miscellaneous Preventive Services	20%	20%	10%	20%	20%
Basic Restorative	20%	20%	30%	50%	50% ⁶
Non-Surgical Extractions	20%	20%	30%	50%	50% ⁶
Non-Surgical Periodontal	20%	20%	30%	50%	50% ⁶
Adjunctive Services	20%	20%	30%	50%	50% ⁶
Endodontics	20%	20%	50%	50%	50% ⁶
Oral Surgery	20%	20%	50%	50%	50% ⁶
Surgical Periodontal	20% ⁷	20% ⁷	50% ⁷	50% ⁷	50% ⁷
Major Restorative	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷
Prosthodontics	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷
Miscellaneous Restorative & Prosthodontics Services	50% ⁷	50% ⁷	50% ⁷	50% ⁷	50% ⁷
Orthodontics⁸ (up to age 19)	50% ⁵	50% ⁵	50% ⁵	50% ⁵	50% ⁵
Out-of-Pocket Maximum	\$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
Monthly Rates for BlueCare Dental⁹					
Individual Member	\$36.80	\$39.66	\$25.30	\$26.62	\$20.37
Member + Spouse	\$73.60	N/A	\$50.60	N/A	\$40.74
Member + 1 Child	\$76.46	N/A	\$51.92	N/A	\$46.54
Family*	\$192.58	N/A	\$130.46	N/A	\$119.25



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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 Montana

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.