

Dental Plan

The purpose of City Colleges of Chicago's dental plan is to provide affordable protection from large out-of-pocket dental expenses and encourage preventive care. CCC pays approximately 85% of your monthly cost for dental plan coverage. You may go to the dentist of your choice or to a provider in the BCBS Blue Care dental network. To see if your current dentist is in the BlueCross BlueShield Blue Care Dental network or to find a network dentist, search the Provider Locator at www.bcbsil.com, or call (855) 557-5488. You may choose different dental providers for each family member.

Program Basics	Contracting Provider*	Non-Contracting Provider*
Benefit Period Maximum		\$1,500 per calendar year
Deductible Applies to all covered dental services, except for Oral Exams, Cleanings, and X-Rays		\$10 per person per calendar year
Dependent Coverage		Up to age 26
Services	Contracting Provider*	Non-Contracting Provider*
Diagnostic & Preventive Services Dental exams Cleanings (2 visits per calendar year) X-rays	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Miscellaneous Services Fluoride treatment Space maintainers Sealants for children up to age 19 Emergency Care (Relief of pain)	100% of Maximum Allowance No Deductible	100% of Usual and Customary No Deductible
Restorative Services Routine fillings (amalgams and resins) Pin retention Simple extractions	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
General Services Intravenous sedation General anesthesia Reline/rebase of dentures Repair of bridges and dentures	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Endodontic Services Root canals Pulp caps Apicoectomy/apexification	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Periodontic Services Scaling and root planing Gingivectomy/gingivoplasty Osseous surgery	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Oral Surgery Services Surgical extractions, including complete bony impactions Alveoloplasty Vestibuloplasty	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Crowns, Veneers, Inlays/Onlays Services Dental implants Crowns, including stainless steel inlays/onlays Repairs and replacement of Veneers after 60 months Prefabricated posts and cores Repair and recementation of crown, inlays/onlays	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Prosthetic Services Bridges, dentures Addition of tooth or clasp	80% of Maximum Allowance After Deductible	80% of Usual and Customary After Deductible
Orthodontics Coverage for adults and for eligible dependent children to age 26	50% Orthodontia – Separate Lifetime Maximum of \$2,000 for Adults and Children	50% Orthodontia – Separate Lifetime Maximum of \$2,000 for Adults and Children

* **Schedule of Maximum Allowances:** Contracting providers have agreed to accept the Schedule of Maximum Allowances as payment in full for covered services. Non-contracting providers do not accept the Schedule of Maximum Allowances as payment in full. For services received from a non-contracting provider, member will be liable for the difference between the dentist's charge and covered benefits.

For more info, visit bcbsil.com or contact Customers Service Center, toll free at (855) 557-5488, Monday through Friday, 8 a.m. to 6 p.m.
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