



Federal DentalBlue®

New!

Dependant Coverage
to Age 26

Regions by ZIP Code
Monthly rates are determined by
ZIP Code where you reside

Region	Three Digit ZIP Code
Region 1	600-608
Region 2	609-629

2 Easy Ways to Enroll

Mail your application:

Fill out an application and mail it to the address below. Do not send payment with your application. You will be billed after your application is processed.

Federal DentalBlue
Blue Cross and Blue Shield of Illinois
P.O. Box 23150
Belleville, IL 62223

Sign up on the Internet:

YourFederalDental.com

The website is available 24 hours a day, 7 days a week. Log on and access detailed plan information; complete online or download an application. Plus, find a network dentist and so much more.

Call Toll Free for Customer Service:
1-866-431-1595

Our Customer Advocates are available
Monday through Friday
8 a.m. to 6 p.m. (CT)
to assist with your dental benefits.



**BlueCross BlueShield
of Illinois**

Experience. Wellness. Everywhere.®

YourFederalDental.com

Dental Coverage Made Easy

2011

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BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.®

A Dental Plan

From a Name You Can Trust

At Blue Cross and Blue Shield of Illinois, you will receive more than a dental plan. You will receive coverage from a company that stands for reliability and trust.

With the Federal DentalBlue plan, you can obtain coverage with ease. Federal Employees who enroll in Standard Option medical coverage are eligible to enroll in the Federal DentalBlue Standard Option. Federal Employees who enroll in Basic Option medical coverage are eligible to enroll in the Federal DentalBlue Basic Option. **NEW for 2011 - coverage has been extended for dependants up to age 26!**

One Company Dedicated Customer Service Easy Web Access

We will process your dental benefits alongside your current medical benefits, so you will only need to work with one company for these medical and dental benefit programs.

For Federal Employees with Standard Option Medical

Federal DentalBlue Standard Option Dental		
Benefits ¹	Network Dentist	Non-Network Dentist ²
Deductible Individual/Family <small>Deductible applies to Type III Services Only</small>	\$50/\$150	\$50/\$150
Annual Maximum	\$1,500	\$1,500
Type I Services • Cleanings • Examinations • X-Rays • Sealants • Space maintainers	100%	70%
Type II Services • Fillings • Simple extractions	80%	50%
Type III Services • Crowns* • Bridges* • Dentures* • Endodontics • Oral Surgery • Periodontics	50%	30%
* A 12-month waiting period for new enrollees will apply to Major Restorative and Prosthodontic Services.		
Type IV Services • Orthodontics	Up to \$1,000 savings	Not Available
Orthodontia services will be billed at a discount up to 20%, with up to \$1,000 in lifetime savings off network providers' usual charge. This non-insured discount benefit is available only through network providers.		

Monthly Rates - Standard Option			
Regional Descriptions determined by ZIP Code where you reside	Employee	Employee + 1	Family
Region 1	\$31.05	\$52.85	\$87.00
Region 2	\$27.10	\$46.00	\$75.85

For Federal Employees with Basic Option Medical

Federal DentalBlue Basic Option Dental		
Benefits ¹	Network Dentist	Non-Network Dentist ²
Deductible Individual/Family <small>Deductible applies to Type III Services Only</small>	\$50/\$150	\$50/\$150
Annual Maximum	\$1,500	\$1,500
Type I Services • Cleanings • Examinations • X-Rays • Sealants	Not Available <small>(Preventive & Diagnostic are covered under your Basic Option medical plan.)</small>	Not Available
Type II Services • Fillings • Simple extractions	80%	50%
Type III Services • Crowns* • Bridges* • Dentures* • Endodontics • Oral Surgery • Periodontics	50%	30%
* A 12-month waiting period for new enrollees will apply to Major Restorative and Prosthodontic Services.		
Type IV Services • Orthodontics	Up to \$1,000 savings	Not Available
Orthodontia services will be billed at a discount up to 20%, with up to \$1,000 in lifetime savings off network providers' usual charge. This non-insured discount benefit is available only through network providers.		

Monthly Rates - Basic Option			
Regional Descriptions determined by ZIP Code where you reside	Employee	Employee + 1	Family
Region 1	\$21.15	\$36.00	\$59.30
Region 2	\$18.95	\$32.30	\$53.15

¹ Your dental care benefits are highlighted above. To fully understand all the terms, conditions, limitations and exclusions which apply to your benefits, please read the entire Policy.

² For services received from a non-network dentist, the claimant will be responsible for any difference between the dentist's charges and the maximum allowable charge. The maximum allowable charge is based on our network negotiated fees. Further information regarding the maximum allowable charge and network status of dentists is available by calling the toll free telephone number on the back of your dental identification card.

