



2024

DENTAL AND VISION DECISION GUIDE

Individual and family plans

The Blue Cross advantage

Protect your overall health with flexible and affordable dental and vision plans.

MORE CHOICE IN PLANS AND PROVIDERS

Blue Cross dental and vision plans are available on their own, together, or with a medical plan for all-in-one convenience.

You also have a variety of plans to choose from to meet your health needs, household budget and personal preferences.

Blue Cross dental and vision plans feature large national provider networks. Whether at home or traveling the country, you're covered when you choose a provider in the network.

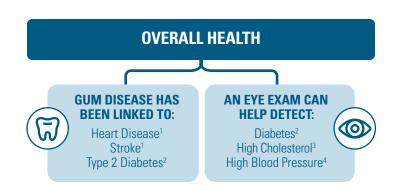
CONVENIENT RESOURCES

Get easy access to resources that help you sign up for, manage and use your benefits:

- Enroll anytime, either online, by phone or with personalized help from an agent
- For the online enrollment application, visit bluecrossmn.com/ApplicationFormDentalVision.
 The same form can be used to apply for both dental and vision plans.
- Choose from several options to pay your premium, including online
- Access account information easily online
- Search for in-network dentists and eye care providers with a convenient online tool
- Get support from helpful customer service representatives

PROTECTION FOR YOUR OVERALL HEALTH

Dental and vision plans help protect your overall health. Blue Cross and Blue Shield of Minnesota plans include important preventive benefits like annual eye exams and regular dental checkups. These visits can help detect health problems early, when they are less costly to treat.



MEMBER ID CARDS

When you enroll, you will receive separate Blue Cross Dental and/or Vision member ID cards. Each card is clearly labeled, with a corresponding symbol.

If you are also enrolled in a Blue Cross medical plan, you will carry a separate medical plan ID card.





¹American Heart Association, 2017.

²American Diabetes Association, 2017.

³Centers for Disease Control and Prevention, 2015.

⁴Centers for Disease Control and Prevention, 2020.

Blue Cross Dental

Choose from a variety of competitively priced dental plans that include preventive checkups and cleanings to help you achieve and maintain good oral health.

FLEXIBLE PLAN OPTIONS

FREEDOM PLANS: Extensive plans with a broad range of coverage



Freedom Plans cover a wide range of services and give you the same coverage levels whether you see a dentist in the network or not. These plans cover cleanings, exams, fillings, crowns and more. While you can see a dentist who is not part of the network, you'll save more by choosing a provider who is in your network.

PREFERRED PLAN: A comprehensive plan that offers savings for staying in network

If you're looking for coverage for a broad range of services, the Preferred Plan is for you. Coverage levels are higher when you choose a dentist in the network, which results in lower out-of-pocket costs for you.

VALUE PLANS: A set of affordable plan options

The Value Plans offer you a choice of three plan options. The lowest-cost option, Value Standard, covers preventive exams only. The Value Premium and Value Enhanced Plan options include preventive services as well as coverage for fillings and other basic services. Major services, like crowns and inlays, are not covered with Value Plans.



Protect your teeth with a range of options

Blue Cross Dental plans are for people of all ages, whether for yourself or your whole family. We have a plan to fit your needs and your budget.

GREATER SAVINGS WITH IN-NETWORK DENTISTS

EXAMPLE MEMBER SAVINGS OF \$8681					
Member's annual dental care	Example dentist charge	In-network dentist visit – member responsibility ²	Out-of-network dentist visit – member responsibility	Member's savings for visiting an in-network dentist	
2 cleanings	\$245	\$0	\$102	\$102	
2 exams	\$139	\$0	\$66	\$66	
1 set X-rays	\$182	\$0	\$79	\$79	
2 composite fillings	\$400	\$46	\$218	\$172	
1 crown	\$1,403	\$477	\$926	\$449	
Total	\$2,369	\$523	\$1,391	\$868	

¹Savings estimates based on internal data for ZIP code 55551 as of July 2022. Savings will vary by dentist, service and geographic region.

1

²All services performed by an Advantage Plus 2.0 network dentist.



DISCOUNTS FROM NETWORK PROVIDERS

Already reached your annual maximum? Or have a Value Plan but need a crown? No problem. For services not covered by your plan, you qualify for discounts on services from most dentists in the network — no matter which plan you choose.



To find participating dentists, visit **bluecrossmn.com/ FindADentist**. Those with a "**\$ave!**" next to their name offer this discount. If you prefer, call customer service and we will direct you to a dentist who provides this discount.

WAITING PERIODS

If you have had previous dental coverage, waiting periods may be waived if certain conditions are met.

Any previous dental coverage will be reviewed, and comparable coverage may be applied toward waiting periods if all criteria have been met. Discount dental coverage does not qualify as comparable coverage. All materials, including supporting document(s), must be provided to prove eligibility. Failure to provide all materials within 60 days from your plan's effective date may prevent the approval of your waiting period waiver.

NATIONAL NETWORK

All Blue Cross Dental plans feature the large **United Concordia Advantage Plus 2.0** national network. United Concordia



continually researches facilities and costs and carefully screens each provider to ensure they deliver the highest levels of excellence in dental care.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus 2.0 network.

Each dental provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

*United Concordia Dental internal research and reports, May 2022.

LEARN MORE OR ENROLL TODAY

- Visit bluecrossmn.com/Dental-Individual
- Talk with an agent find one at bluecrossmn.com/AgentFinder
- Call us at 1-800-262-0823 (TTY 711)

Plan benefits

Contract year deductible

 Deductible does not apply to preventive and diagnostic services or services covered at 100%

Annual maximum per member

PREVENTIVE AND DIAGNOSTIC

Exams and cleanings

- 2 per calendar year (unless noted)

Fluoride treatments

X-rays (bitewing and full mouth)

Sealants

BASIC RESTORATIVE

Amalgam (silver) and composite (white) fillings

Surgical/nonsurgical periodontics

- Includes treatment of gum disease

Endodontics

- Includes root canal

Simple extractions

Complex oral surgery

General anesthesia

Repairs

- Includes bridges and dentures

MAJOR

Inlays, onlays, crowns

- Every 5 years for the same tooth

Prosthetics

- Includes bridges and dentures

TMD (temporomandibular disorder)

	VALUE		PREFE	RRED	FREEDOM		
	Standard	Enhanced	Premium	I HEI EIIHED		POPULATI	
	Equal coinsurance in and out of network*		In network	Out of network*		insurance of network*	
	\$0	\$50 per individual**	\$0	\$50 per individual**	\$50 per individual**	\$50 per individual**	\$50 per individual**
	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,500	\$2,000
Waiting period							
None	100% 1 per calendar year	100% 1 per calendar year	100%	100%	80%	100%	100%
None	100%	100%	100%	100%	80%	100%	100%
None	100%	100%	100%	100%	80%	100%	100%
None	Not covered	100%	100%	100%	80%	100%	100%
Waiting period							
6 months	Not covered	60%	50%	80%	60%	80%	80%
12 months	Not covered	Not covered	Not covered	80%	60%	50%	50%
12 months	Not covered	60%	50%	80%	60%	50%	50%
6 months	Not covered	60%	50%	80%	60%	80%	80%
12 months	Not covered	Not covered	50%	80%	60%	80%	80%
12 months	Not covered	Not covered	50%	80%	60%	80%	80%
6 months	Not covered	Not covered	50%	80%	60%	80%	80%
Waiting period							
12 months	Not covered	Not covered	Not covered	50%	50%	50%	50%
12 months	Not covered	Not covered	Not covered	50%	50%	50%	50%
12 months	50%	50%	50%	50%	50%	50%	50%

^{*}When members receive services from nonparticipating providers, they are responsible for the difference between the allowed amount and the billed charge.

These plans provide dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Blue Cross Dental plans include coverage for certain pediatric dental services. This plan is not exchange-certified and does not qualify as the pediatric dental essential health benefit under the Affordable Care Act.

Discounts may apply. Network dentists may elect to discount non-covered services. Consult our online provider directory at **bluecrossmn.com/FindADentist** to search for a dentist. Dentists with a "**\$ave!**" next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas.

Members can cancel at any time with the cancellation being effective the first of the month following the notification. The exception is cancellation due to death, which will be effective the date of death. Voluntary termination will result in having to satisfy a lockout period of one year before an individual is eligible to re-enroll.

^{**}Value Enhanced, Preferred and Freedom Plans have individual deductibles only.

Blue Cross Vision

Blue Cross Vision plans offer you and your family savings on eye care and eyewear.

FLEXIBLE PLAN OPTIONS

VALUE STANDARD WITH EXAM



This plan pays for your routine annual eye exam at 100 percent (after a \$10 copay) when you see an eye care professional in the network. Prescription frames, lenses, lens enhancements and contacts are covered at no or low cost, when you see an in-network provider.

VALUE EYEWEAR ONLY

This plan offers eyewear benefits like the Value Standard plan but without the annual exam.

GROWING NATIONAL NETWORK

All Blue Cross Vision plans provide access to the large and growing national **Davis Vision** network. You can choose to see any optometrist or ophthalmologist in the network, including providers in private practice and top optical retailers.



TOP OPTICAL RETAILERS PARTICIPATE

including Visionworks, Costco, Walmart and Sam's Club1

Davis Vision is an independent company providing vision benefit management services and access to the Davis network.

Each vision provider is an independent contractor and not our agent. It is up to the member to confirm provider participation in their network prior to receiving services.

DELIVERING SAVINGS AND VALUE

- Low- or no-cost eyeglasses and frames
- Significant discounts on lenses
- Fixed lens pricing on all plans pay the same on all lens options no matter where you go in network
- An average retail savings of 62 percent on all lens options²
- Access to many leading retail locations like Target Optical, America's Best, Shopko Optical and Pearle Vision, as well as online providers like 1800Contacts.com, glasses.com and befitting.com.
- LASIK discounts available through QualSight, LLC^{®3}
- Blue light filtering lens coverage for protection from electronic devices



Why consider a plan with eye exam benefits?

Many medical plans may not cover routine eye exams for adults. If your medical plan doesn't, a Blue Cross Vision plan that does cover routine eye exams can complement your medical plan.

LEARN MORE OR ENROLL TODAY

- Visit bluecrossmn.com/
 Vision-Individual
- Talk with an agent find one at bluecrossmn.com/ AgentFinder
- Call us at **1-800-262-0823** (TTY **711**)

¹Retail partners of Davis Vision.

²Blue Cross internal data, Utilization Report, May 2022 (based on Jan. – Dec. 2021 data).

³Laser vision correction services administered by QualSight, LLC®. Terms and savings are subject to change. QualSight is an independent company that does not offer Blue Cross products or services. QualSight is solely responsible for its products and services.

VALUE

In-network benefit

NOST PIILAR	Value	Standard	with	exan

Value eyewear only

Out-of-network

	in-network benefit		reimbursements	
EYEEXAM				
Eye exam - Dilation included when recommended by eye care professional	100% after \$10 copay; includes exam every 12 months	Does not include exam	Eye exam: \$40, if applicable	
PRESCRIPTION GLASSES — Benefit available for	r eyeglass lenses <i>or</i> contact lenses or	nce every 12 months		
Lenses* - Single vision, lined bifocal, trifocal, lenticular, polycarbonate (dependent children)	100% after \$25 copay	100% after \$10 copay	Single vision: \$40 Bifocal/progressive: \$60 Trifocal: \$80 Lenticular: \$100	
Frames	1 every 1	2 months		
Davis Vision Exclusive Collection** - Fashion level - Designer level - Premier level	100%; no copay 100%; no copay 100%; \$25 copay		Frames: \$50	
Non-Davis Vision Exclusive Collection - Visionworks stores - Frames available from other participating retailers	No copay; plan pays up to \$180 plus 20% discount on remaining costs*** No copay; plan pays up to \$130 plus 20% discount on remaining costs***			
EYEGLASS ENHANCEMENTS				
 Tinting of plastic lenses Scratch-resistant coating Polycarbonate lenses Dependent children, monocular patients and those with a prescription of +/- 6.00 diopters or greater 	Member pays \$0 Standard: \$0 / Premium: \$30 Member pays \$0			
- Adults - Ultraviolet coating - Anti-reflective coating - Blue light filtering - Progressive lenses - High-index lenses - Polarized lenses - Plastic photochromic lenses - Scratch protection plan	Member pays \$30 Member pays \$12 Standard: \$35 / Premium: \$48 / Ultra: \$60 / Ultimate: \$85 Member pays \$15 Standard: \$50 / Premium: \$90 / Ultra: \$140 / Ultimate: \$175 Standard: \$55 / Premium: \$120 Member pays \$75 Member pays \$65 Single vision: \$20 / Multifocal vision: \$40		Not covered	
CONTACT LENSES — Benefit available for eyegla		·		
Collection contact lenses [†]	So tonoco or contact tonoco onec ever	y 12 months		
- Disposable - Non-disposable	Up to 4 boxes Up to 2 boxes		Not applicable	
- Evaluation, fitting and follow-up care	100% after \$25 copay 100% after \$10 copay		Not applicable	
Non-collection contact lens allowance ^{††}	Plan pays up to \$130 plus 15% discount on remaining costs***		\$105	
- Evaluation, fitting and follow-up care for standard lenses	100% after \$25 copay	100% after \$10 copay	Not covered	
\$25 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs*** \$10 copay; after copay, plan pays up to \$60 plus 15% discount on remaining costs***		Not covered		

- *Your plan covers a wide variety of lenses. Be sure the lenses you choose are covered by your plan. You'll have to pay the full cost for lenses your plan doesn't cover. Your eye care/eyewear provider can assist you with this, or you can contact customer service at the number on your vision member ID card.
- **Davis Vision Exclusive Collection available at most participating independent provider offices. Collection is subject to change.
- ***Additional discount not available at Costco, Walmart and Sam's Club or participating online vision providers.
- †Available at most participating independent retail locations.
- ††Available in participating retail locations.

These plans provide vision coverage only. Your vision plan's benefit booklet will contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

Members can cancel at any time with the cancellation being effective the first of the month following the notification. The exception is cancellation due to death, which will be effective the date of death. Voluntary termination will result in having to satisfy a lockout period of three years before an individual is eligible to re-enroll.

bluecrossmn.com

Blue Cross and Blue Shield of Minnesota is dedicated to ensuring everyone has access to quality, affordable healthcare. That commitment began when we became one of the nation's founding health plans more than 90 years ago and continues to drive us today.

You and Blue.™ Better together.