

2024

BLUE CROSS DENTAL FREEDOM ENHANCED PLAN

with \$1,500 annual maximum and dental implants and orthodontics



	FREEDOM
	Enhanced
Plan benefits	Equal coinsurance in and out of network
Calendar year deductible - Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia	\$50 per member/ \$150 per family
Annual maximum per member	\$1,500
Orthodontic lifetime maximum* - Dependent children to age 19	10 – 50 enrollees: \$1,500
PREVENTIVE AND DIAGNOSTIC	
Exams and cleanings - 2 per calendar year	100%
Fluoride treatments	100%
X-rays (bitewing and full mouth)	100%
Sealants	100%
BASIC RESTORATIVE	
Amalgam (silver) and composite (white) fillings	80%
Surgical/nonsurgical periodontics - Includes treatment of gum disease	80%
Endodontics - Includes root canal	80%
Simple extractions	80%
Complex oral surgery	80%
General anesthesia	80%
Repairs - Includes bridges and dentures	80%
MAJOR	
Inlays, onlays, crowns	50%
Dental implants	50%
Prosthetics - Includes bridges and dentures	50%
TMD (temporomandibular disorder)	50%
ORTHODONTICS	
Diagnostic, active, retention, treatment	50%

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.

The Freedom Enhanced Plan provides coverage for preventive dental care, including exams and cleanings, at 100 percent when you see a dentist in or out of network. There is no deductible for preventive services. This plan also provides coverage for a full range of other dental services, from fillings to crowns and orthodontia.

In addition, you receive a discount for services not covered by your plan when you see select dentists in the network. Numerous network dentists participate.

As a Blue Cross Dental member, you'll have access to the United Concordia Advantage Plus AXS network, one of the nation's largest dental networks. Choosing a dentist in the network provides significant savings.



To find a provider, visit bluecrossmn.com/FindADentist.

Dentists who provide discounts for non-covered services have a "\$ave!" symbol next to their name.

For specific coverage details, talk with your benefit administrator, sign in at bluecrossmn.com or call customer service at the number on your dental ID card.

*Immediate coverage available for groups with 25 or more enrolled. Groups of 10 or more enrolled are eligible with proof of previous orthodontic coverage.

Orthodontic benefits are available to groups of 10 to 24 enrolling subscribers who did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

There is no benefit waiting period. Your coverage begins on the first day of your plan's effective date.

When you receive services from nonparticipating providers, you are responsible for the difference between the allowed amount and the billed charge.

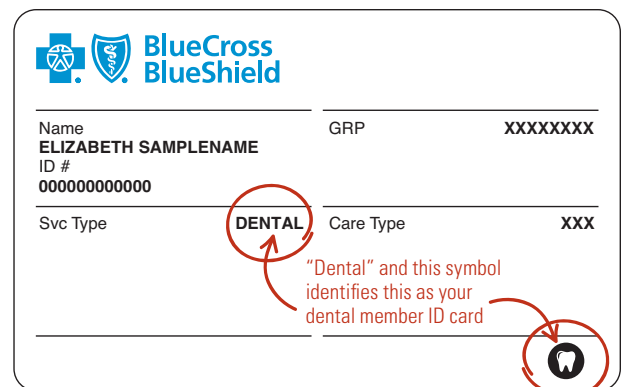
This plan provides dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. In the event of a discrepancy, the benefit booklet will supersede this summary.

EXCLUSIONS AND LIMITATIONS – FREEDOM ENHANCED PLAN

BENEFIT CATEGORY	STANDARD FREQUENCY LIMITATIONS
PREVENTIVE AND DIAGNOSTIC	
Exams	2 per calendar year
X-rays (bitewings only)	1 set every 12 months under age 19; 1 set every 18 months age 19 and over
X-rays (full mouth and panoramic)	1 every 5 years
Cleanings; fluoride treatment	2 per calendar year; 1 per calendar year under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
BASIC TREATMENT	
Amalgam (silver) or composite (white) fillings	Not within 24 months of previous placement. Includes coverage for anterior (front) and posterior (back) resins.
Endodontics	<ul style="list-style-type: none"> • Pulpal therapy; primary tooth that has no permanent tooth to replace it • Root canal treatment: 1 per tooth per lifetime
Nonsurgical periodontics	<ul style="list-style-type: none"> • Full mouth debridement: 1 per lifetime • Scaling and root planing: 1 per 24 months (per area of mouth) • Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)
Surgical periodontics	Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
General anesthesia	Limited to 60 minutes per session
MAJOR TREATMENT	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridge, dentures)	Not within 5 years of previous placement
ORTHODONTICS	
Dependent children covered to age 19	
ELIGIBILITY	
Dependent children covered to age 26	

YOUR NEW MEMBER ID CARD

When you've enrolled in a Blue Cross Dental plan, you'll be sent your new Blue Cross Dental member ID card. If you also have a Blue Cross medical plan, you will have an ID card for your dental plan and a separate ID card for your medical plan. Use your dental ID card when you want to access benefits through your dental plan.



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

Consult our online provider directory at bluecrossmn.com/FindADentist to search for a dentist. Dentists with a "\$ave!" symbol 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.

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.