

BLUE CROSS DENTAL

Oral health impacts overall health.

Dental exams can help prevent gum disease, a common condition that is linked to heart disease, stroke and Type 2 diabetes.¹

FOCUS ON PREVENTION

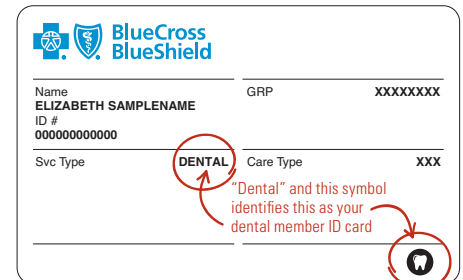
This plan is designed to catch dental issues early, while they are less costly to treat.

- No waiting periods on benefits
- 100 percent preventive coverage, including exams and cleanings, when you see a dentist in the network
- No deductible for preventive services
- Dentists who provide discounts for non-covered services have a “**\$ave!**” symbol next to their name in the Find a Dentist tool
- Coverage for a full range of other dental services including fillings

YOUR CHOICE OF DENTISTS

As a Blue Cross Dental plan member, you’ll have access to a large national network — the United Concordia Advantage Plus AXS network. You’ll receive the best benefit when you see a dentist in this network.

If you also have a Blue Cross medical plan, you will have one member ID card for medical and one ID card for your dental plan.



Once you’re a member, you’ll receive your ID card.

If you have questions, contact customer service at the number on the back of your Blue Cross Dental ID card.

HOW MUCH COULD YOU SAVE STAYING IN NETWORK? ²		
	In network	Out of network
Provider charge	\$1,240	\$1,240
Network discount (allowed amount)	\$920	\$920
Member coinsurance	\$460	\$460
Member out-of-pocket	\$460	\$780
Additional member cost out of network due to balance billing	\$320	

¹American Association for Dental Research, 2014.

²Please note this example is for illustrative purposes only and assumes the member’s annual deductible has been met. Benefit percentages and out-of-network reimbursement may vary by plans, procedures and contract setup.

To find a provider, visit bluecrossmn.com/FindADentist

SIGN UP TODAY

Talk with your employer to sign up or to get more information.

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.

2024 Dental Plan Comparison

Blue = change from 2023, see last page for frequency limitations



	PREVENTIVE DENTAL PLAN	ENHANCED DENTAL PLAN
	Blue Cross Dental bluecrossmn.com/findadentist	Blue Cross Dental bluecrossmn.com/findadentist
Plan benefits	In/Out-of-network	In-network/Out-of-network
Calendar year deductible Deductible does not apply to preventive and diagnostic services, services covered at 100%, or orthodontia	In-network: \$25 individual/\$75 family Out-of-network: \$50 individual/\$150 family	In-network: \$25 individual/\$75 family Out-of-network: \$50 individual/\$150 family
Annual benefit maximum per member	\$1,000 In-network, \$500 Out-of-Network Preventive and diagnostic services are applied to the annual maximum	\$3,000 In-network, \$1,000 Out-of-Network Preventive and diagnostic services are not applied to the annual maximum
Orthodontic lifetime maximum	Not covered	\$2,000
PREVENTIVE AND DIAGNOSTIC		
Cleanings	100%/80%	100%/80%
Exams	100%/80%	100%/80%
Fluoride treatments (children only)	100%/80%	100%/80%
X-rays	100%/80%	100%/80%
Sealants (children only)	100%/80%	100%/80%
Space maintainers (children only)	100%/80%	100%/80%
BASIC RESTORATIVE		
Amalgam (silver) fillings	80%/60%	80%/60%
Composite (white) fillings Posterior (back) teeth and anterior (front) teeth	80%/60%	80%/60%
Surgical/nonsurgical periodontics Includes treatment of gum disease	80%/60%	80%/60%
Endodontics Includes root canal	80%/60%	80%/60%
Simple extractions, complex oral surgery	80%/60%	80%/60%
MAJOR		
Dental implants	Not covered	60%/50%
Inlays, onlays, crowns	Not covered	60%/50%
Prosthetics Includes bridges and dentures	Not covered	60%/50%
ORTHODONTICS		
Diagnostic, active, retention, treatment	Not covered	50%/50% (up to age 19)

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.

In-network services are administered by United Concordia Advantage Plus AXS participating providers. Use the 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.

If you receive services from an out-of-network provider, you will be responsible for the difference between what the plan will reimburse and what the provider bills.

The plan under Blue Cross Dental includes 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.

United Concordia Companies, Inc. is an independent company providing dental benefit management services and access to the Advantage Plus AXS network. Each provider in the network is an independent contractor and is not an agent. Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

BENEFIT CATEGORY	PREVENTIVE DENTAL PLAN - STANDARD FREQUENCY LIMITATIONS
CLASS I: PREVENTIVE	
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/panoramic); (periapical); (occlusal)	Full/panoramic: 1 every 5 years not eligible under age 5. Periapical: 4 per 12 months. Occlusal: 2 per 12 months under age 8
Cleanings; fluoride treatment	2 per calendar year; 1 per calendar year under age 14
Space maintainers	1 every 5 years under age 14 on primary and permanent first molars
Sealants	1 per tooth per 3 calendar year(s) under age 16 on the primary and permanent first and second molars
CLASS II: BASIC	
Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes front and back resins.
Endodontics	<ul style="list-style-type: none"> Pulpal therapy: 1 per primary tooth per lifetime only when there is no permanent tooth to replace it Root canal treatment: one per tooth per lifetime
Non-surgical 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	<ul style="list-style-type: none"> Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
General anesthesia and nitrous oxide	Limited to 60 minutes per session, Inhalation of nitrous oxide under age 13
CLASS III: MAJOR	
Inlays, onlays, crowns	Not covered
Prosthetics (bridges and dentures)	Not covered
ORTHODONTICS	
Not applicable	
BENEFIT CATEGORY	ENHANCED DENTAL PLAN - STANDARD FREQUENCY LIMITATIONS
CLASS I: PREVENTIVE	
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/panoramic), (periapical), (occlusal)	Full/panoramic: 1 every 5 years not eligible under age 5. Periapical: 4 per 12 months. Occlusal: 2 per 12 months under age 8
Cleanings; fluoride treatment	2 per calendar year; 1 per calendar year under age 14
Space maintainers	1 per 5 years under age 14 on primary and permanent first molars
Sealants	1 per tooth every 3 years to age 16 on primary and permanent first and second molars
CLASS II: BASIC	
Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes front and back resins.
Endodontics	<ul style="list-style-type: none"> Pulpal therapy: 1 per primary tooth per lifetime only when there is no permanent tooth to replace it Root canal treatment: one per tooth per lifetime
Non-surgical 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	<ul style="list-style-type: none"> Surgical periodontal procedures: 1 per 36 months (per area of mouth) Guided tissue regeneration: 1 per tooth per lifetime
General anesthesia and nitrous oxide	Limited to 60 minutes per session, Inhalation of nitrous oxide under age 13
CLASS III: MAJOR	
Inlays, onlays, crowns	Not within 5 years of previous placement, age 14 years and older only
Prosthetics (bridges and dentures)	Not within 5 years of previous placement. Bridges - 14 and older; Dentures - 17 and older
ORTHODONTICS	
Orthodontic services are limited to members under age 19 and lifetime maximum applies.	