

Blue Cross Dental Plans

Individual and Family Plan Rates

July – December 2024



Metro (Zip Code 55000-55599)	Value Standard	Value Enhanced	Value Premium	Preferred	Freedom Standard \$1,500	Freedom Standard \$2,000
Individual	\$22.31	\$32.82	\$38.53	\$51.25	\$56.46	\$58.22
Individual with one dependent	\$44.06	\$64.82	\$76.09	\$101.23	\$111.51	\$114.99
Individual with two or more dependents	\$66.92	\$98.47	\$115.58	\$153.75	\$169.40	\$174.69

Non-Metro (Zip Code 55600-56899)	Value Standard	Value Enhanced	Value Premium	Preferred	Freedom Standard \$1,500	Freedom Standard \$2,000
Individual	\$26.50	\$39.01	\$45.79	\$60.90	\$67.10	\$69.19
Individual with one dependent	\$52.34	\$77.05	\$90.43	\$120.27	\$132.51	\$136.65
Individual with two or more dependents	\$79.51	\$117.03	\$137.35	\$182.68	\$201.29	\$207.57

Eligibility Requirements:

- Contract holder must have Minnesota residency. The residency policy may be found at bluecrossmn.com/residencypolicy.
- Contract holder must be 18 years. No child-only contracts.
- Premium can be paid at the time of application or will be billed upon enrollment.
- Effective date is generally the first of the month following receipt of application.
- Standard Blue Cross and Blue Shield of Minnesota policies and procedures and exclusions and limitations apply.