

Blue Cross Dental Plans

Individual and Family Plan Rates

January – June 2025



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	\$39.69	\$53.22	\$59.00	\$60.85
Individual with one dependent	\$44.06	\$64.82	\$78.37	\$105.12	\$116.53	\$120.17
Individual with two or more dependents	\$66.92	\$98.47	\$119.05	\$159.67	\$177.02	\$182.55

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	\$47.16	\$63.24	\$70.12	\$72.30
Individual with one dependent	\$52.34	\$77.05	\$93.14	\$124.90	\$138.47	\$142.79
Individual with two or more dependents	\$79.51	\$117.03	\$141.47	\$189.72	\$210.35	\$216.91

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.