

2025

BLUE CROSS DENTAL PREFERRED PLAN



		PREFERRED	
PLAN BENEFITS		In network	Out of network
Contract year deductible - Deductible does not apply to preventive and diagnostic services or services covered at 100%		\$50 per member*	\$50 per member*
Annual maximum per member		\$1,000	
Jr. Dental - Dependent children 12 and under		Included	Included
PREVENTIVE AND DIAGNOSTIC	Waiting period		
Exams and cleanings	None	100%	80%
Fluoride treatments	None	100%	80%
X-rays (bitewing and full mouth)	None	100%	80%
Sealants	None	100%	80%
BASIC RESTORATIVE	Waiting period		
Amalgam (silver) and composite (white) fillings	6 months	80%	60%
Surgical/nonsurgical periodontics - Includes treatment of gum disease	12 months	80%	60%
Endodontics - Includes root canal	12 months	80%	60%
Simple extractions	6 months	80%	60%
Complex oral surgery	12 months	80%	60%
General anesthesia	12 months	80%	60%
Repairs - Includes bridges and dentures	6 months	80%	60%
MAJOR	Waiting period		
Inlays, onlays, crowns	12 months	50%	50%
Prosthetics - Includes bridges and dentures	12 months	50%	50%
TMD (temporomandibular disorder)	12 months	50%	50%

*Preferred Plan has individual deductibles only.

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

Dentists who provide discounts for non-covered services have a **"Save!"** symbol next to their name.

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.

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.

The Preferred Plan provides coverage for preventive dental care, including exams and cleanings, at 100% when you see a dentist in the network. There is no deductible for preventive services. This plan also provides coverage for a full range of other dental services.

As a Blue Cross Dental member, you'll have access to the United Concordia Advantage Plus 2.0 network, one of the nation's largest dental networks. If the dentist you visit is part of your Preferred Plan network, you'll receive richer benefits than if you see a dentist who is not part of your network.**

Jr. Dental



100% coverage for dependent children

12 and under with no deductible or annual plan maximum on all covered services.

Orthodontic care is excluded. Standard plan limitations apply. Out-of-network services may be subject to balance billing.



To find a provider, visit

bluecrossmn.com/FindADentist

Waiving the waiting period

Waiting periods may be waived if you and your dependents have had at least 12 months of continuous comparable coverage prior to the effective date of the dental plan.

Discount dental coverage does not qualify as comparable coverage.

All previous dental coverage will be reviewed when all supporting materials are provided.

Supporting materials must be provided 60 days from your plan's effective date to prove eligibility. Failure to do so may prevent approval of your waiting period waiver.

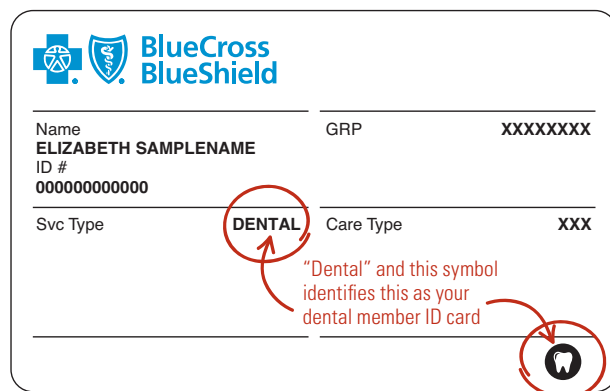
You may enroll in a Blue Cross Dental plan at any time. Coverage is generally effective the first of the month following approval of the application. Members can cancel at any time with the cancellation being effective the first of the month following the notification. The exception is cancellation due 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.

EXCLUSIONS AND LIMITATIONS – PREFERRED 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	3 per calendar year
Fluoride treatment	1 per calendar year under age 19
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 teeth that have no permanent tooth to replace them 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	<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	Limited to 60 minutes per session
MAJOR TREATMENT	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridges, dentures)	Not within 5 years of previous placement
ELIGIBILITY	
Policyholder must be 18 years or older Dependent children covered to age 26 Must be a Minnesota resident	

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 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.

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