

2025

BLUE CROSS DENTAL VALUE PLANS



PLAN BENEFITS		VALUE		
		Standard	Enhanced	Premium
		Equal coinsurance in and out of network*		
Contract year deductible - Deductible does not apply to preventive and diagnostic services or services covered at 100%		\$0	\$50 per member**	\$0
Annual maximum per member		\$1,000	\$1,000	\$1,000
Jr. Dental - Dependent children 12 and under		Included	Included	Included
PREVENTIVE AND DIAGNOSTIC	Waiting period			
Exams and cleanings	None	100%	100%	100%
Fluoride treatments	None	100%	100%	100%
X-rays (bitewing and full mouth)	None	100%	100%	100%
Sealants	None	Not covered	100%	100%
BASIC RESTORATIVE	Waiting period			
Amalgam (silver) and composite (white) fillings	6 months	Not covered	60%	50%
Surgical/nonsurgical periodontics - Includes treatment of gum disease	Not applicable	Not covered	Not covered	Not covered
Endodontics - Includes root canal	12 months	Not covered	60%	50%
Simple extractions	6 months	Not covered	60%	50%
Complex oral surgery	12 months	Not covered	Not covered	50%
General anesthesia	12 months	Not covered	Not covered	50%
Repairs - Includes bridges and dentures	6 months	Not covered	Not covered	50%
MAJOR	Waiting period			
Inlays, onlays, crowns	Not applicable	Not covered	Not covered	Not covered
Prosthetics - Includes bridges and dentures	Not applicable	Not covered	Not covered	Not covered
TMD (temporomandibular disorder)	12 months	50%	50%	50%

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

**Value Enhanced Plan has individual deductibles only.

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 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.

LOW-COST PLAN FOCUSED ON PREVENTION

The Value Plans are lower-cost plans that help you save money. Routine exams and cleanings are covered at 100% when you see a dentist in or out of the national United Concordia Advantage Plus 2.0 network.* Some plans also cover fillings and other services.

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

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

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.

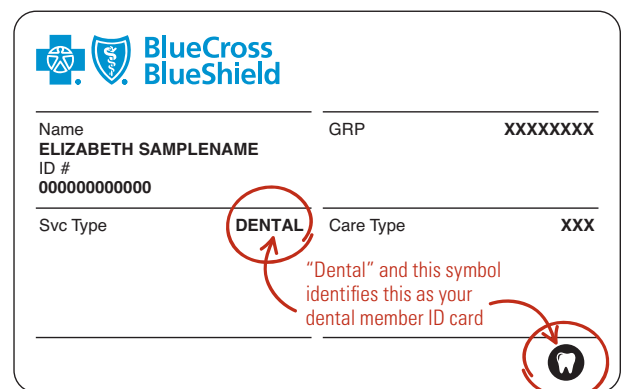
You may enroll in a Blue Cross Dental plan at any time. Coverage is generally effective the first of the month following approval of the application. Members can cancel at any time with the cancellation being effective the first of the month following the notification. The exception is cancellation due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

BENEFIT CATEGORY	VALUE STANDARD	VALUE ENHANCED	VALUE PREMIUM
PREVENTIVE AND DIAGNOSTIC			
Routine exams	1 per calendar year	1 per calendar year	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	1 set every 24 months under age 30; 1 set every 3 years age 30 and over	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	1 per lifetime	1 every 5 years
Cleanings	1 per calendar year; 1 additional for pregnant women	2 per calendar year; 1 additional for pregnant women	3 per calendar year; 1 additional for pregnant women
Fluoride treatment	1 per calendar year under age 19	1 per calendar year under age 19	1 per calendar year under age 19
Sealants	Not covered	1 per tooth every 3 years to age 16 on permanent first and second molars	1 per tooth every 3 years to age 16 on permanent first and second molars
BASIC TREATMENT			
Amalgam (silver) or composite (white) fillings	Not covered	Not within 3 years of previous placement. Includes coverage for anterior (front) and posterior (back) resins.	Not within 3 years of previous placement. Includes coverage for anterior (front) and posterior (back) resins.
Endodontics	Not covered	Root canal treatment: 1 per tooth per lifetime	Root canal treatment: 1 per tooth per lifetime
Nonsurgical periodontics	Not covered	Not covered	Not covered
Surgical periodontics	Not covered	Not covered	Not covered
General anesthesia	Not covered	Not covered	Limited to 60 minutes per session
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 "\$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.