

# 2025 Dental Plan Comparison

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



	PREVENTIVE DENTAL PLAN	ENHANCED DENTAL PLAN
	<b>Blue Cross Dental</b> <a href="http://bluecrossmn.com/findadentist">bluecrossmn.com/findadentist</a> Customer Service 1-888-589-2447 Reference plan code: 108281005 during Open Enrollment	<b>Blue Cross Dental</b> <a href="http://bluecrossmn.com/findadentist">bluecrossmn.com/findadentist</a> Customer Service 1-888-589-2447 Reference plan code: 104227095 during Open Enrollment
Plan benefits	In/Out-of-network	In-network/Out-of-network
<b>Calendar year deductible</b> 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
<b>Annual benefit maximum per member</b>	\$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
<b>Orthodontic lifetime maximum</b>	Not covered	\$2,000
<b>PREVENTIVE AND DIAGNOSTIC</b>		
<b>Cleanings</b>	100%/80%	100%/80%
<b>Exams</b>	100%/80%	100%/80%
<b>Fluoride treatments</b> (children only)	100%/80%	100%/80%
<b>X-rays</b>	100%/80%	100%/80%
<b>Sealants</b> (children only)	100%/80%	100%/80%
<b>Space maintainers</b> (children only)	100%/80%	100%/80%
<b>BASIC RESTORATIVE</b>		
<b>Amalgam (silver) fillings</b>	80%/60%	80%/60%
<b>Composite (white) fillings</b> Posterior (back) teeth and anterior (front) teeth	80%/60%	80%/60%
<b>Surgical/nonsurgical periodontics</b> Includes treatment of gum disease	80%/60%	80%/60%
<b>Endodontics</b> Includes root canal	80%/60%	80%/60%
<b>Simple extractions, complex oral surgery</b>	80%/60%	80%/60%
<b>MAJOR</b>		
<b>Dental implants</b>	Not covered	60%/50%
<b>Inlays, onlays, crowns</b>	Not covered	60%/50%
<b>Prosthetics</b> Includes bridges and dentures	Not covered	60%/50%
<b>ORTHODONTICS</b>		
<b>Diagnostic, active, retention, treatment</b>	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](http://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.

<b>BENEFIT CATEGORY</b>		<b>PREVENTIVE DENTAL PLAN - STANDARD FREQUENCY LIMITATIONS</b>
<b>CLASS I: PREVENTIVE</b>		
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	
<b>CLASS II: BASIC</b>		
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"> <li>• Pulpal therapy: 1 per primary tooth per lifetime only when there is no permanent tooth to replace it</li> <li>• Root canal treatment: one per tooth per lifetime</li> </ul>	
Non-surgical periodontics	<ul style="list-style-type: none"> <li>• Full mouth debridement: 1 per lifetime</li> <li>• Scaling and root planing: 1 per 24 months (per area of mouth)</li> <li>• Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)</li> </ul>	
Surgical periodontics	<ul style="list-style-type: none"> <li>• Surgical periodontal procedures: 1 per 36 months (per area of mouth)</li> <li>• Guided tissue regeneration: 1 per tooth per lifetime</li> </ul>	
General anesthesia and nitrous oxide	Limited to 60 minutes per session, Inhalation of nitrous oxide under age 13	
<b>CLASS III: MAJOR</b>		
Inlays, onlays, crowns	Not covered	
Prosthetics (bridges and dentures)	Not covered	
<b>ORTHODONTICS</b>		
Not applicable		
<b>BENEFIT CATEGORY</b>		<b>ENHANCED DENTAL PLAN - STANDARD FREQUENCY LIMITATIONS</b>
<b>CLASS I: PREVENTIVE</b>		
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	
<b>CLASS II: BASIC</b>		
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"> <li>• Pulpal therapy: 1 per primary tooth per lifetime only when there is no permanent tooth to replace it</li> <li>• Root canal treatment: one per tooth per lifetime</li> </ul>	
Non-surgical periodontics	<ul style="list-style-type: none"> <li>• Full mouth debridement: 1 per lifetime</li> <li>• Scaling and root planing: 1 per 24 months (per area of mouth)</li> <li>• Periodontal maintenance: 2 per calendar year (in addition to routine prophylaxis following active periodontal therapy)</li> </ul>	
Surgical periodontics	<ul style="list-style-type: none"> <li>• Surgical periodontal procedures: 1 per 36 months (per area of mouth)</li> <li>• Guided tissue regeneration: 1 per tooth per lifetime</li> </ul>	
General anesthesia and nitrous oxide	Limited to 60 minutes per session, Inhalation of nitrous oxide under age 13	
<b>CLASS III: MAJOR</b>		
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	
<b>ORTHODONTICS</b>		
Orthodontic services are limited to members under age 19 and lifetime maximum applies.		