

PLAN OPTIONS

What plans are available for me to choose from?

Blue Cross employees can choose between the Blue Cross Preventive Dental Plan and the Blue Cross Enhanced Dental Plan.

How can I learn about the coverage details of each plan?

The 2025 Dental Comparison on the Annual Enrollment SharePoint details overall plan benefits and coverage by procedure types.

NETWORK

What network does my dental plan use?

Both the Preventive Dental Plan and the Enhanced Dental Plan use United Concordia Dental's nationwide Advantage Plus AXS network.

Is the network the same as it was last year?

The network is stable with a high retention rate, however dentists can enter or leave the network monthly. We recommend verifying your provider's network status.

What are the benefits of staying in network?

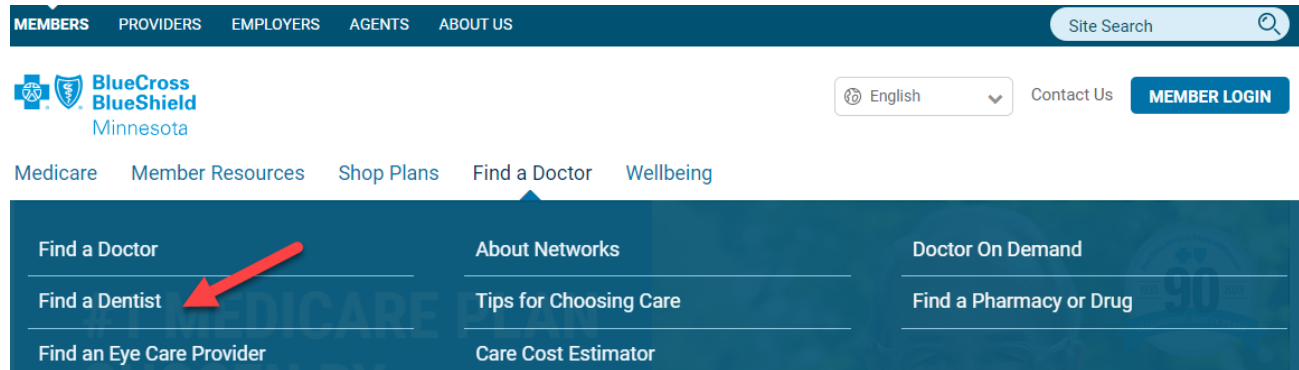
While you have both in-network and out-of-network benefits, your dollars will stretch further if you use an in-network provider. When you see an out-of-network provider:

- You may be required to pay up-front for services and submit the claim for reimbursement.
- You are responsible for the difference between what is billed by the provider and what is allowed by the plan (balance billing), which can result in significant out-of-pocket costs.
- The coinsurance (plan pay percentage) could be lower at out-of-network providers.

HOW MUCH COULD YOU SAVE STAYING IN NETWORK?		
	In network	Out of network
Provider charge	\$1,200	\$1,200
Allowed amount	\$800	\$1,000
Member portion of coinsurance	\$160 (20% of \$800)	\$400 (40% of \$1,000)
Additional member cost out-of-network due to balance billing and higher member coinsurance	\$440	

How can I find a dentist in my network near me?

1. You can reach the landing page for Find a dentist in two ways:
 - a. Via the URL bluecrossmn.com/findadentist.
 - b. Via the bluecrossmn.com home page. Hover over Find a Doctor and then select Find a Dentist.



2. On the Find a dentist home page, select the first button for coverage through your employer.

Find a Dentist

It's important to choose providers in your network. You may choose any licensed dental care provider for services, including emergency, but if you visit a provider or location that is not in your network, you will likely pay more for care. Keep in mind that dental plans and medical plans have different networks and benefits.

Find providers in your dental plan network

[EMPLOYER-PROVIDED DENTAL PLAN SEARCH](#) 

[MEDICARE DENTAL PLAN SEARCH](#) 

[INDIVIDUAL DENTAL PLAN \(NON-MEDICARE\) SEARCH](#) 

[MINNESOTA HEALTH CARE PROGRAMS DENTAL SEARCH](#) 

How does the tool work? How can I find and filter results to meet my needs?

Please see the Find a Dentist User Guide posted on the Annual Enrollment SharePoint under “Resources for dental plans” for a detailed walkthrough with screenshots.

How do I submit an out-of-network claim for reimbursement?

The [Dental Plan claim form \(PDF\)](#) can be accessed via the hyperlink or can be downloaded from the Blue Cross website. For the claim form, visit bluecrossmn.com then:

1. Hover over “Member Resources” at the top of the page
2. Click on “Claims” from the drop-down menu
3. Click on “Find other claim forms” under the section titled Submitting claims to Blue Cross
4. Click on “Claims” and choose “Dental Plan claim form”

How does the \$ave! benefit work?

When searching for a dentist in the Find a Dentist tool, the in-network dentists with the \$ave! symbol next to their name will provide discounts on non-covered services, including services after the annual maximum is met.

BENEFITS AND COVERAGE

What are the annual maximums, and are the in and out-of-network annual maximums combined?

Enhanced Dental Plan: the in-network annual maximum is \$3,000 per person and the out-of-network annual maximum is \$1,000 per person. The plan will pay no more than \$3,000 for in and out-of-network services combined.

Preventive Dental Plan: the in-network annual maximum is \$1,000 per person and the out-of-network annual maximum is \$500 per person. The plan will pay no more than \$1,000 for in and out-of-network combined.

If I do not use all my annual maximum, can I roll the remaining amount into the following year?

Annual maximums reset annually on January 1 with no roll over of remaining amounts from the previous year.

What is the Preventive Incentive benefit?

Preventive covered services such as a exams, x-rays, sealants, cleanings, fluoride, space maintainers, and palliative (emergency) treatment are not counted towards your annual maximum. Preventive Incentive is on the Enhanced Dental Plan. In this example, you’d have \$250 more to use on other covered dental services.

Annual Preventive Care	You Pay	Blue Cross Dental Pays	Annual Maximum Remaining without Preventive Incentive	Annual Maximum Remaining with Preventive Incentive
2 Cleanings	\$0	\$138	\$2,862	\$3,000
2 Exams	\$0	\$70	\$2,792	\$3,000
1 Set of X-Rays	\$0	\$42	\$2,750	\$3,000

Assumes services are provided by Advantage Plus AXS network dentists; savings will vary by dentist, service, and geographic region.

How do the routine cleaning (prophylaxis) and exam benefits work?

Both the Preventive Dental Plan and the Enhanced Dental Plan cover two routine cleanings (prophylaxis) per calendar year and two exams per calendar year. You do not need to wait six months before having the second set of services for the year.

If I had my last exam and routine cleaning (prophylaxis) in November 2024, when can I have these services again?

You will be eligible for another exam and routine cleaning (prophylaxis) on 1/1/25. You can have two exams and two routine cleanings (prophylaxis) at any point in the calendar year (1/1/25-12/31/25).

Are there any scenarios in which I would be eligible for more than two routine cleanings (prophylaxis) per year?

No, each member is limited to two covered routine cleanings (prophylaxis) per year. You can choose to receive additional cleanings, but these will not be covered. Members can take advantage of the \$ave! feature to receive discounts on non-covered services.

Am I eligible for periodontal maintenance in addition to routine cleanings (prophylaxis)?

Yes, members can receive two periodontal maintenance services per calendar year. This service is covered under the Basic Restorative benefits rather than Preventive and Diagnostic benefits. This means that periodontal maintenance is covered at 80% in network and 60% out-of-network on both the Preventive and Enhanced plans.

Is anesthesia covered?

Yes, anesthesia is covered under both plans. Local anesthesia, nitrous oxide, IV sedation, and general anesthesia are all covered subject to the limitations detailed in your benefit booklet.

What are examples of endodontic and periodontic services?

The most known endodontic procedure is a Root Canal. Periodontics involves surgical and non-surgical treatment of gum disease.

Are crowns covered with my Root Canal procedure?

On the Preventive Dental Plan, the Root Canal is covered, but the crown itself is not. On the Enhanced Dental plan, both the root canal and crown are covered per the limitations listed in the benefit booklet.

Are dental implants covered by the plan?

They are covered under the Enhanced Dental Plan. The costs of implant services accrue towards the overall annual maximum per member.

Is orthodontia covered?

Orthodontia is covered under the Enhanced Dental Plan for dependents under the age of 19.

What are the benefits for orthodontia under the Enhanced Dental Plan?

The costs of orthodontia accrue towards a separate orthodontic lifetime maximum. The orthodontic lifetime maximum was increased to \$2,000 per eligible dependent effective 01/01/2024 and will be applied to eligible orthodontic services that begin on or after 01/01/2024. The coinsurance for orthodontic services is 50% both in and out of network. Out-of-network services are subject to balance billing.

My dependent is currently orthodontic mid-treatment under the Basic or Enhanced plan. How will my benefits work?

Associates who have dependents who have started orthodontic treatment prior to 01/01/24 will be subject to the \$1,000 lifetime maximum.

OTHER QUESTIONS

How can I reach Customer Service during open enrollment to learn more about plan options before I enroll?

1. Contact Customer Service at 1-888-589-2447
2. Share the 9-digit plan code for the plan you'd like to discuss with the Customer Service representative:
 1. Preventive: 108281005
 2. Enhanced: 104227095

How can I reach Customer Service once I am a member?

You can call the Customer Service number listed on the back of your ID card.

What is a predetermination and is it required?

Predetermination is the process in which a dentist submits a treatment plan before beginning treatment. The purpose is to verify if the procedures are eligible for benefits and the estimated patient responsibility. Predetermination is not required prior to the treatment however it is strongly recommended for costlier dental procedures (examples: crowns, implants, oral surgery).