2027 Blue Cross Dental
Freedom $2,000 w/ Ortho

BlueCross BlueShield Minnesota

PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Calendar year deductible Deductible does not apply to preventive and diagnostic services or orthodontia	**Individual/Family:** $50/$150	
Annual maximum per member	$2,000	
Orthodontic lifetime maximum Dependent children to age 19	$1,500	
Jr. Dental 100% coverage for dependent children 12 and under with no deductible or annual plan maximum on all covered services except for orthodontic care	Included	
CLASS I: PREVENTIVE AND DIAGNOSTIC	**IN NETWORK**	**OUT OF NETWORK**
Exams and cleanings	100%	100%
Fluoride treatments	100%	100%
X-rays (bitewings and full mouth)	100%	100%
Sealants	100%	100%
CLASS II: BASIC RESTORATIVE		
Amalgam (silver) and composite (white) fillings	80%	80%
Surgical/non-surgical periodontics Includes treatment of gum disease	80%	80%
Endodontics Includes root canal	80%	80%
Simple extractions	80%	80%
Complex oral surgery	80%	80%
General anesthesia	80%	80%
Repairs Includes bridges and dentures	80%	80%
CLASS III: MAJOR		
Inlays, onlays, crowns	50%	50%
Prosthetics Includes bridges and dentures	50%	50%
TMD (temporomandibular disorder)	50%	50%
ORTHODONTICS		
Diagnostic, active, retention, treatment	50%	50%

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

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.

Consult our online provider directory at **bluecrossmn.com/FindADentist** to search for a dentist. Dentists with a "**$AVE!**" symbol next to their name accept allowances for services not covered by the benefit plan, including services rendered after the annual maximum has been exceeded; not available in all areas. Dentists without the **$AVE!** symbol may balance bill for non-covered services and expenses that go beyond the plan's annual maximum.

With the Jr. Dental benefit, orthodontic care is excluded. Standard plan limitations apply. Out of network services covered at 100%; may be subject to balance billing. Orthodontic coverage for dependent children up to age 19 is available immediately for groups with 25 or more enrolled employees or groups of 10 to 24 enrolled employees with proof of previous orthodontic coverage. Orthodontic benefits are available to groups of 10 to 24 enrolled employees who did not have previous orthodontic coverage after 12 months of Blue Cross Dental plan coverage.

There is no benefit waiting period. Your coverage begins on the first day of your plan's effective date.

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BENEFIT CATEGORY	STANDARD FREQUENCY LIMITATIONS
CLASS I: PREVENTIVE AND DIAGNOSTIC	
Exams	2 per calendar year
X-rays (bitewings only)	1 set every 12 months
X-rays (full mouth and panoramic)	1 every 5 years
Cleanings; fluoride treatment	3 per calendar year; 1 per calendar year under age 19
Space maintainers	1 every 5 years under age 14
Sealants	1 per tooth every 3 years to age 16 on permanent first and second molars
CLASS II: BASIC RESTORATIVE	
Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes coverage for anterior (front) and posterior (back) resins
Endodontics	• Pulpal therapy: primary teeth that have no permanent tooth to replace it • Root canal treatment: one per tooth per lifetime
Non-surgical periodontics	• 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	• 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
CLASS III: MAJOR	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridges and dentures)	Not within 5 years of previous placement
ORTHODONTICS	
Dependent children to age 19	
DEPENDENT ELIGIBILITY	
Dependent children covered to age 26	

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 our agent.

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.

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