

Blue Cross Dental

Freedom Enhanced with \$1,500 Annual Maximum and Orthodontics



PLAN BENEFITS	IN NETWORK	OUT OF NETWORK
Calendar year deductible Deductible does not apply to preventive and diagnostic services, orthodontia, services covered at 100%	Individual/Family: \$50/\$150	
Annual maximum per member	\$1,500	
Orthodontic lifetime maximum Dependent children to age 19	\$1,500	
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%
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%
MAJOR		
Inlays, onlays, crowns Every five years for the same tooth	50%	50%
Prosthetics Includes bridges and dentures	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.

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.

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. If you receive services from a nonparticipating provider, you will be responsible for the difference between what Blue Cross will reimburse and what the provider bills.

BENEFIT CATEGORY	STANDARD FREQUENCY LIMITATIONS
CLASS I: PREVENTIVE	
Exams	2 every 12 months
X-rays (bitewings only)	1 set every 12 months under age 19; 1 set every 18 months age 19 and over
X-rays (all others)	1 every 5 years for full mouth and panoramic X-rays
Cleanings; fluoride treatment	2 every 12 months; 1 every 12 months under age 14
Palliative treatment (emergency)	2 per 12 months in combination with pulpal debridement
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	
Basic restorative – Amalgam (silver) and composite (white) fillings	Not within 24 months of previous placement. Includes coverage for anterior (front) and posterior (back) resins.
Simple extractions	Any frequency (no limitations)
Repairs of crowns, inlays, onlays, dentures and bridges	Not within 5 years
Complex oral surgery	May vary by procedure
General anesthesia	Limited to 60 minutes per session
Endodontics	<ul style="list-style-type: none"> • Pulpal therapy: primary teeth that have no permanent tooth to replace it • Root canal treatment: one per tooth per lifetime
Non-surgical 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 every 12 months (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
CLASS III: MAJOR	
Inlays, onlays, crowns	Not within 5 years of previous placement
Prosthetics (bridges and dentures)	Not within 5 years of previous placement
TMD/TMJ	Covered at 50% for both in- and out-of-network reimbursement
ORTHODONTICS	
Dependent children to age 19	
DEPENDENT ELIGIBILITY	
Dependent children covered to age 26	