

2019 BLUE CROSS DENTAL VALUE PLANS

SMALL EMPLOYERS (2 – 50)



	VALUE	
	Standard	Premium
Plan benefits	Equal coinsurance in and out of network	
Calendar year deductible	\$0	\$0
Annual maximum per member	\$1,000	\$1,000
PREVENTIVE AND DIAGNOSTIC		
Exams and cleanings	100% 1 every 12 mo.	100% 2 every 12 mo.
Fluoride treatments	100%	100%
X-rays (bitewing and full mouth)	100%	100%
Sealants	Not covered	100%
BASIC RESTORATIVE		
Amalgam (silver) and composite (white) fillings	Not covered	50%
Space maintainers	Not covered	100%
Surgical/non-surgical periodontics - Includes treatment of gum disease	Not covered	Not covered
Endodontics - Includes root canal	Not covered	Not covered
Simple/surgical extractions	Not covered	50%
Complex oral surgery	Not covered	50%
General anesthesia	Not covered	50%
Repairs - Includes bridges and dentures	Not covered	50%
MAJOR		
Inlays, onlays, crowns - Every five years for the same tooth	Not covered	Not covered
Prosthetics - Includes bridges and dentures	Not covered	Not covered
TMD (temporal mandibular disorder)	50%	50%

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.

Value Plans provide coverage for many preventive dental services, including exams and cleanings, at 100 percent when you see a dentist in the network. There is no deductible for preventive services.

In addition, you receive a discount for services not covered by your plan when you see select dentists in the network. About 90 percent of network dentists participate.

This plan pairs well with a health savings account (HSA) or flexible savings account (FSA).

As a Blue Cross Dental member, you'll have access to the United Concordia Advantage Plus 2.0 national network, one of the nation's largest dental networks. Choosing a dentist in the network provides significant savings.[†]

[†]Average network savings of 30 to 40 percent — United Concordia Companies, Inc., 2017.

To find participating dentists, visit bluecrossmn.com/findadentist. Those with a black box (■) or "\$ave!" symbol next to their name indicate they provide discounts for services not covered by your plan, such as when you exceed your annual maximum.

For specific coverage details, talk with your benefit administrator, sign in at bluecrossmnonline.com or call customer service at the number on your dental ID card.

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

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

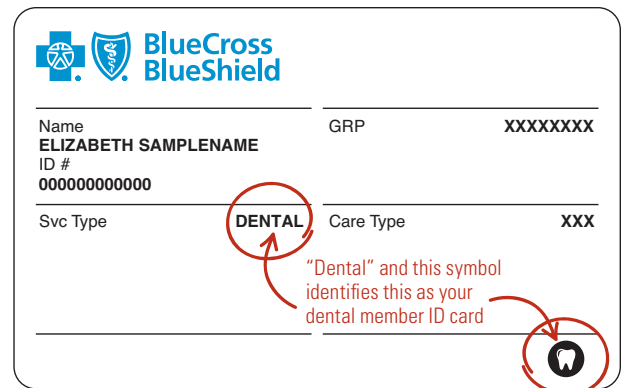
These plans provide dental coverage only. Your dental plan's benefit booklet will provide a detailed description of the coverage and contain more details on standard plan exclusions and frequency limitations. You may enroll in a Blue Cross Dental plan at any time. Coverage is generally effective the first of the month following approval of the application.

EXCLUSIONS AND LIMITATIONS – VALUE PLANS

BENEFIT CATEGORY	VALUE STANDARD	VALUE PREMIUM
PREVENTIVE AND DIAGNOSTIC		
Routine exams	1 every 12 months	2 every 12 months
Limited problem focused exam	1 every 12 months	1 every 12 months
X-rays (bitewings only)	1 set every 12 months under age 19; 1 set every 18 months age 19 and over	1 set every 12 months under age 19; 1 set every 18 months age 19 and over
X-rays (full mouth or FMX)	1 every 5 years for full mouth and panoramic X-rays	1 every 5 years for full mouth and panoramic X-rays
Cleanings	1 every 12 months; 1 additional for pregnant women	2 every 12 months; 1 additional for pregnant women
Fluoride treatment	1 every 12 months under age 14	1 every 12 months under age 14
Sealants	Not covered	1 per tooth every 3 years to age 16 on permanent first and second molars
Palliative treatment (emergency)	Not covered	2 per 12 months in combination with pulpal debridement
BASIC TREATMENT		
Space maintainers	Not covered	1 every 5 years under age 14
Amalgam (silver) or composite (white) fillings	Not covered	Not within 3 years of previous placement
Simple extractions	Not covered	Any frequency (no limitations)
Endodontics	Not covered	Not covered
Non-surgical periodontics	Not covered	Not covered
Surgical periodontics	Not covered	Not covered
Complex oral surgery	Not covered	May vary by procedure
General anesthesia	Not covered	Limited to 60 minutes per session
ELIGIBILITY		
Dependent children covered to age 26		

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 black box (■) or "Save!" 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.

NOTICE OF NONDISCRIMINATION PRACTICES

Effective July 18, 2016

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

Blue Cross provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe that Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Nondiscrimination Civil Rights Coordinator

- by email at: Civil.Rights.Coord@bluecrossmn.com
- by mail at: Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
- or by phone at: 1-800-509-5312

Grievance forms are available by contacting us at the contacts listed above, by calling 1-800-382-2000 or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- by phone at:
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:
U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F
HHH Building
Washington, DC 20201

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This information is available in other languages. Free language assistance services are available by calling the toll free number below. For TTY, call 711.

Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1-855-903-2583. Para TTY, llame al 711.

Yog tias koj hais lus Hmoob, muaj kev pab txhais lus pub dawb rau koj. Hu rau 1-800-793-6931. Rau TTY, hu rau 711.

Haddii aad ku hadasho Soomaali, adigu waxaad heli kartaa caawimo luqad lacag la'aan ah. Wac 1-866-251-6736. Markay tahay dad maqalku ku adag yahay (TTY), wac 711.

နမ့်ကတိကညိကျိးဒီး, တၢ်ကဟ့ၣ်နၢကျိၣ်တၢ်မၤစၢၤကလိတဖၣ်န့ၣ်လီၤ. ကိး 1-866-251-6744 လၢ TTY
အဂီၢ်, ကိး 711 တက့ၢ်.

إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 1-866-569-9123. للهااتف النصي
اتصل بالرقم 711.

Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Gọi số 1-855-315-4015. Người dùng TTY xin gọi 711.

Afaan Oromoo dubbattu yoo ta'e, tajaajila gargaarsa afaan hiikuu kaffaltii malee. Argachuuf 1-855-315-4016 bilbilaa. TTY dhaaf, 711 bilbilaa.

如果您說中文，我們可以為您提供免費的語言協助服務。請撥打 1-855-315-4017。聽語障專 (TTY)，請撥打 711。

Если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Звоните 1-855-315-4028. Для использования телефонного аппарата с текстовым выходом звоните 711.

Si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le +1-855-315-4029. Pour les personnes malentendantes, appelez le 711.

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한국어를 사용하시는 경우, 무료 언어 지원 서비스가 제공됩니다. 1-855-904-2583 으로 전화하십시오. TTY 사용자는 711 로 전화하십시오.

ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອພາສາໃຫ້ເຈົ້າຟຣີ. ໃຫ້ໂທຫາ 1-866-356-2423 ສໍາລັບ. TTY, ໃຫ້ໂທຫາ 711.

Kung nagsasalita kayo ng Tagalog, mayroon kayong magagamit na libreng tulong na mga serbisyo sa wika. Tumawag sa 1-866-537-7720. Para sa TTY, tumawag sa 711.

Wenn Sie Deutsch sprechen, steht Ihnen fremdsprachliche Unterstützung zur Verfügung. Wählen Sie 1-866-289-7402. Für TTY wählen Sie 711.

ប្រសិនបើអ្នកនិយាយភាសាខ្មែរមែន អ្នកអាចរកបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ទូរស័ព្ទមកលេខ 1-855-906-2583។ សម្រាប់ TTY សូមទូរស័ព្ទមកលេខ 711។

Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Kojí éí béesh bee hodíílnih 1-855-902-2583. TTY biniy'égo éí 711 jì' béesh bee hodíílnih.