

2023 Blue Cross Dental Plans

Individual and Family Plan Rates

January 1, 2023 to June 30, 2023



Metro (Zip Code 55000-55599)	Value			Freedom		Preferred
	Standard	Enhanced	Premium	\$1,500	\$2,000	\$1,000
Single	\$22.31	\$32.82	\$36.87	\$53.52	\$55.19	\$48.90
Single+1	\$44.06	\$64.82	\$72.81	\$105.70	\$109.00	\$96.59
Family	\$66.92	\$98.47	\$110.60	\$160.57	\$165.58	\$146.71

Non Metro (Zip Code 55600-56899)	Value			Freedom		Preferred
	Standard	Enhanced	Premium	\$1,500	\$2,000	\$1,000
Single	\$26.50	\$39.01	\$43.81	\$63.60	\$65.58	\$58.11
Single+1	\$52.34	\$77.05	\$86.53	\$125.60	\$129.52	\$114.76
Family	\$79.51	\$117.03	\$131.43	\$190.80	\$196.75	\$174.31

Eligibility Requirements:

- Contract holder must have Minnesota residency. The residency policy may be found at bluecrossmn.com/residencypolicy.
- Contract holder must be 18 years. No child-only contracts.
- Premium can be paid at the time of application or will be billed upon enrollment.
- Effective date is generally the first of the month following receipt of application.