



2025 Dental Blue Plans



Individual Dental Plans for South Carolinians of all ages.

Protect your overall health with a flexible dental plan.



You can purchase a BlueCross BlueShield of South Carolina dental plan by itself or with a BlueCross medical plan for an **all-in-one convenience**.

These plans are for:

- Medicare Supplement members
- Individual marketplace members
- ICHRA members
- Small Group members who do not meet participation requirements for Blue DentalSM



With BlueCross, you have **several plans to choose from** to meet your health needs, budget and personal preferences.



BlueCross dental plans feature **a large network of dentists**.

Scan to view the Directory.



Sign up at anytime during the year. Benefits start the 1st of the following month. All plan benefits reset in January.



Convenient Online Resources

Use **My Health Toolkit**[®] to help you manage and use your benefits:



Scan to download My Health Toolkit.



- Search for in-network dentists.
- View plan and benefit information.
- Pay your bill.
- Download and save digital copies of ID cards.
- Get support from helpful customer service representatives.

Dental Services Offered

Category	Dental Services	Benefits
Class I — Preventive Care	Office visit, cleanings, oral exams and X-rays	No deductible and no waiting period for in-network preventive services
Class II — Basic and Restorative	Fillings, simple extractions and minor oral surgical procedures (nonperiodontal)	Six-month waiting period from effective date of coverage for restorative care
Class III — Major Restorative	Crowns, bridges, dentures, inlays, periodontics and oral surgery	12-month waiting period from effective date of coverage for major restorative care
Class IV — Orthodontic Services	Not Covered	Not Covered

Dental Plan Benefits

Dental Blue 1

Monthly Premium Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$1,000		\$25.39	\$24.74	\$26.27	\$33.05
Annual Deductible	\$50 individual					
CLASS I – Preventive Procedures & Exams	0% coinsurance	30% coinsurance				
CLASS II – Basic & Restorative	50% coinsurance (after 6 months)	70% coinsurance (after 6 months)				
CLASS III – Major Procedures	70% coinsurance (after 12 months)	Not covered				

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Monthly Premium Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$1,500		\$33.14	\$32.72	\$36.85	\$48.22
Annual Deductible	\$50 individual					
CLASS I – Preventive Procedures and Exams	0% coinsurance	20% coinsurance				
CLASS II – Basic and Restorative	30% coinsurance (after 6 months)	50% coinsurance (after 6 months)				
CLASS III – Major Procedures	50% coinsurance (after 12 months)	70% coinsurance (after 12 months)				

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Monthly Premium Per Member

	In Network	Out of Network	Age 0 –18	Age 19 – 25	Age 26 – 63	Age 64+
Annual Maximum (Coverage Limit)	\$2,500		\$38.49	\$38.47	\$41.81	\$53.79
Annual Deductible	\$50 individual					
CLASS I – Preventive Procedures and Exams	0% coinsurance	20% coinsurance				
CLASS II – Basic and Restorative	30% coinsurance (after 6 months)	50% coinsurance (after 6 months)				
CLASS III – Major Procedures	50% coinsurance (after 12 months)	70% coinsurance (after 12 months)				



Have Questions?

Contact your agent today.

Work With Your Agent for a Free Quote



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