BlueDentalSM Preferred Plans





Group Dental Plans provide extensive dental coverage and play an important part of your employee's overall health.

Dental Plans without Orthodontic Coverage

These benefit amounts for services with a participating or nonparticipating dental provider are a % of the allowed charge after the deductible is met.

| | BlueDental Preferred | | |
|---|--------------------------|--------------------|--|
| Plan Name | Participating | Nonparticipating | |
| | Available for Groups 10+ | | |
| Deductible (Member/Family) | \$50/\$100 | \$100/\$200 | |
| Annual Maximum (Per Member) | \$1,000 \$1,500 | \$1,000 \$1,500 | |
| Preventive Prophylaxis (Cleanings)** Exam** Diagnostic** Fluoride** Palliative Emergency Care** | 100% | 80% | |
| Basic Sealants Fillings Simple Extractions Anesthesia Space Maintainers Surgical Extractions Endodontics Periodontics | 80% | 60% | |
| Major Crowns, Inlays and Onlays Prosthodontics (Removable) Prosthodontics (Fixed) Complex Oral Surgery | 60% | 50% | |
| Surgical Implants | 50% | 50% | |
| Orthodontics Orthodontics | n/a | n/a | |

^{**}Covered service does not apply to benefit maximums.

Dental Plans with Orthodontic Coverage

These benefit amounts for services with a participating or nonparticipating dental provider are a % of the allowed charge after the deductible is met.

For covered orthodontic services, the deductible is waived when services are received from a Participating Dentist.

| | BlueDental Preferred+ | |
|--|--------------------------|--------------------|
| Plan Name | Participating | Nonparticipating |
| | Available for Groups 10+ | |
| Deductible (Member/Family) | \$50/\$100 | \$100/\$200 |
| Annual Maximum (Per Member) | \$1,000 \$1,500 | \$1,000 \$1,500 |
| Orthodontic Lifetime Maximum (Per Member) | \$1,500 \$2,000 | \$1,500 \$2,000 |
| Preventive Prophylaxis (Cleanings)** Exam** Diagnostic** Fluoride** Palliative Emergency Care** | 100% | 80% |
| Basic Sealants Fillings Simple Extractions Anesthesia Space Maintainers Surgical Extractions Endodontics Periodontics | 80% | 60% |
| Major Crowns, Inlays and Onlays Prosthodontics (Removable) Prosthodontics (Fixed) Complex Oral Surgery Oral Maxillofacial Surgery Occlusal Guard | 60% | 50% |
| Surgical Implants | 50% | 50% |
| Orthodontics Orthodontics | 50% | 50% |

^{**}Covered service does not apply to benefit maximums.

Employer contribution

To qualify for a group dental plan, the employer must contribute a minimum of 50% toward the individual contract premium payment.

Employer participation

Coverage for dental programs are available only to groups of ten enrolled employees or more.

For further details of the coverage, including exclusions, any reductions or limitations and the terms under which the benefit plan may be continued, see your Sales and Account Executive.

This is a brief explanation of covered services and payment levels of this product. It should not be used to determine whether dental expenses will be paid. The written certificate of insurance governs the benefits available.

United Concordia Companies, Inc. is an independent company providing dental benefit administrative services and access to a provider network for Blue Cross Blue Shield of North Dakota dental products.