

# BlueDental<sup>SM</sup> Plans

## Overview



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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 dental provider are a % of the allowed charge after the deductible is met.

Plan Name	BlueDental Elite				BlueDental Premium	BlueDental Essential
	Multiple Options Available					Only plan available for Groups 9 and under
	Available for Groups 10+					
<b>Deductible (Member/Family)</b>	\$50/\$100	\$50/\$100	\$100/\$200	\$100/\$200	\$50/\$100	\$50/\$100
<b>Annual Maximum (Per Member)</b>	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,000
<b>Preventive</b> Prophylaxis (Cleanings)** Exam** Diagnostic** Fluoride** Palliative Emergency Care**	100%				80%	80%*
<b>Basic</b> Sealants Fillings Simple Extractions Anesthesia	80%				80%	80%
Space Maintainers Surgical Extractions Endodontics Periodontics	80%				80%	50%
<b>Major</b> Crowns, Inlays and Onlays Prosthodontics (Removable) Prosthodontics (Fixed) Surgical Implants Complex Oral Surgery	50%				50%	50%
<b>Orthodontics</b> Orthodontics	n/a				n/a	n/a

\*Deductible is waived for the first treatment per benefit period for each of the services.

\*\*Covered service does not apply to benefit maximums.

## Dental Plans with Orthodontic Coverage

These benefit amounts for services with a participating dental provider are a % of the allowed charge after the deductible is met. For covered orthodontic services, the deductible is waived.

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

\*\*Covered service does not apply to benefit maximums.

\*\*\*For Groups 51+ with the \$50/\$100 deductible and the \$1,500 orthodontic lifetime maximum.

### 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 three 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.

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