



Dental Plan 103

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| Deductible Amount | \$50 per member per benefit period, \$100 per family per benefit period Claims for covered services incurred October 1 through December 31 include a deductible carryover to the next year. |
| Benefit Maximum | \$1,000 per member per benefit period |
| Covered at 100% of allowed charge. Deductible does not apply. | Routine oral evaluations, twice per benefit period Prophylaxis (scaling and polishing of teeth), four times per benefit period Full mouth x-rays, once every three years Panoramic film, once every three years Intraoral periapical x-rays Bitewing x-rays, except when part of a full mouth survey, once per benefit period Topical fluoride application, twice per benefit period Emergency palliative treatment and emergency oral evaluations |
| Covered at 80% of allowed charge, after the deductible is met. | Sealants on unfilled, undecayed permanent molars and bicuspids for dependent children (limit two per tooth) Fillings consisting of silver amalgam, silicate and plastic restorations (pin retention – limit two) Simple extractions, surgical extractions and impactions Endodontics including: pulpotomy, pulp capping, apicoectomy, root canal treatments Space maintainers Surgical periodontic evaluations, once for each course of treatment Gingival curettage Gingivectomy and gingivoplasty Osseous surgery Mucogingivoplastic surgery Anesthesia services including: local anesthetics, relative analgesia, general anesthesia rendered in connection with covered oral surgery services |
| Covered at 50% of allowed charge, after the deductible is met. | Repair of dentures Crowns, inlays or onlays, not part of a bridge, replacement of lost or defective crowns, inlays or onlays, once every five years Veneers, other than cosmetic, once every five years Dentures, full and partial, replacement of lost or defective dentures, once every five years Tissue conditioning, twice per treatment sequence for relining or for new or duplicate dentures Relining of immediate dentures, once during the year after insertion Relining of full and partial dentures, once every three years Bridges, replacement of lost or defective bridges, once every five years Oral maxillofacial surgery including: fracture and dislocation treatment, cyst and abscess diagnosis and treatment Occlusal guards for treatment of bruxism, once every three years |

Eligible children include children under age 26, not eligible to enroll in an employer sponsored dental plan other than a group dental plan of a parent. Coverage will be continued until the end of the month in which the child becomes age 26. Eligible children also include children placed with you or your covered spouse for adoption or whom you or your covered spouse have legally adopted; children for whom you or your covered spouse have been appointed legal guardian by court order; children for whom you or your covered spouse are required by court order to provide dental benefits; or children incapable of self-support because of an intellectual disability or a physical handicap that began before they reached 26 years of age and who are primarily dependent on you or your covered spouse.

Your grandchildren or grandchildren of your covered spouse are also eligible if the parent of the grandchild is unmarried; the parent of the grandchild is a covered eligible dependent; and the parent and grandchild are primarily dependent on you or your covered spouse for their support.

To qualify for a group dental plan, the employer must contribute a minimum of 75% toward the single premium payment.

This chart presents a brief explanation of the covered services and payment levels of this product. It should not be used to determine whether your dental expenses will be paid. The written benefit plan governs the benefits available. 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 Account Executive or write to Blue Cross Blue Shield of North Dakota.

Dental GRID+ provides access to one of the largest national dental networks. The GRID Dental Corporation is a separate company that provides dental network services on behalf of Blue Cross Blue Shield of North Dakota.

This information is available to individuals with disabilities in alternate formats, free of charge, by calling Member Services at 1-800-342-4718 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.



Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross & Blue Shield Association

Call toll-free 1-800-342-4718

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Noridian Mutual Insurance Company

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