

# 2020 Dental Plan Offering

## Dual Offering – Base + Buy Up

Carrier	BCBS of ND/United Concordia	
Plan Name	Base	
Network	In-Network	Out-of-Network
Deductible	\$50 / \$100	\$50 / \$100
Annual Maximum	\$1,000	\$1,000
Diagnostic & Preventive	\$10 copay	\$10 copay, U&C level
Basic Services	80%*	80%*
Endodontics	80%*	80%*
Periodontics	80%*	80%*
Oral Surgery	80%*	80%*
Major Services	50%*	50%*
Prosthetic Repairs & Adjustments	50%*	50%*
Prosthetics	50%*	50%*
Orthodontics (Dependent Children)	N/A	N/A
Ortho Lifetime Maximum	N/A	N/A
*After Deductible		

Carrier	BCBS of ND/United Concordia	
Plan Name	Buy-Up	
Network	In-Network	Out-of-Network
Deductible	\$25 / \$75	\$25 / \$75
Annual Maximum	\$1,500	\$1,500
Diagnostic & Preventive	\$10 copay	\$10 copay, U&C level
Basic Services	80%*	80%*
Endodontics	80%*	80%*
Periodontics	80%*	80%*
Oral Surgery	80%*	80%*
Major Services	50%*	50%*
Prosthetic Repairs & Adjustments	50%*	50%*
Prosthetics	50%*	50%*
Orthodontics (Dependent Children)	50%*	50%*
Ortho Lifetime Maximum	\$1,500	\$1,500
*After Deductible		

### Considerations:

- Employees maintain access to current plan design
- Employees can choose either plan at open enrollment and pay the additional cost associated with coverage for orthodontics and the additional benefit maximum