

2021 Dental Plan Offering

Dual Offering – Base + Buy Up

Carrier	BCBS of ND/United Concordia		Carrier	BCBS of ND/United Concordia	
Plan Name	Base		Plan Name	Buy-Up	
Network	In-Network	Out-of-Network	Network	In-Network	Out-of-Network
Deductible	\$50 / \$100	\$50 / \$100	Deductible	\$25 / \$75	\$25 / \$75
Annual Maximum	\$1,000	\$1,000	Annual Maximum	\$1,500	\$1,500
Diagnostic & Preventive	\$10 copay	\$10 copay, U&C level	Diagnostic & Preventive	\$10 copay	\$10 copay, U&C level
Basic Services	80%*	80%*	Basic Services	80%*	80%*
Endodontics	80%*	80%*	Endodontics	80%*	80%*
Periodontics	80%*	80%*	Periodontics	80%*	80%*
Oral Surgery	80%*	80%*	Oral Surgery	80%*	80%*
Major Services	50%*	50%*	Major Services	50%*	50%*
Prosthetic Repairs & Adjustments	50%*	50%*	Prosthetic Repairs & Adjustments	50%*	50%*
Prosthetics	50%*	50%*	Prosthetics	50%*	50%*
Orthodontics (Dependent Children)	N/A	N/A	Orthodontics (Dependent Children)	50%*	50%*
Ortho Lifetime Maximum	N/A	N/A	Ortho Lifetime Maximum	\$1,500	\$1,500
*After Deductible			*After Deductible		