# BlueDental
## Essential

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bps BISMARCK PUBLIC SCHOOLS

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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 carry-over to the next year |
| **Annual Maximum** | $1,000 per member per benefit period |
| **Orthodontic Services and Maximum** | Covered at 50% of allowed charge. Deductible does not apply. $600 lifetime maximum per member |

## Covered Services

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| **Diagnostic Services** | |
| *Oral Evaluations, two per calendar year | 80% (Deductible is waived on the first service for the calendar year) |
| **Radiographs** | |
| *Bitewing X-rays, one set per calendar year<br>*Full Mouth X-rays or Panoramic X-rays, once every five years<br>*Occlusal Films | 80% (Deductible does not apply) |
| **Preventive Services** | |
| *Prophylaxis (Cleanings), four per calendar year. One additional for members under the care of a medical professional during pregnancy<br>*Topical Fluoride, twice per calendar year | 80% (Deductible is waived on the first service for the calendar year) |
| Sealants | 80% (After deductible is met) |
| Space Maintainers | 80% (After deductible is met) |
| **Restorative Services** | |
| Amalgam Restorations<br>Resin Based Composite-Anterior & Posterior (White Fillings) | 80% (After deductible is met) |
| Single and Stainless Steel Crowns and Repairs<br>Inlays, Onlays and Repairs | 80% (After deductible is met) |
| **Endodontic Services** | |
| Endodontic Therapy (Root Canals etc.)<br>Root Canal Retreatment<br>Apicoectomy/Periradicular (Root Surgery) | 80% (After deductible is met) |
| **Periodontal Services** | |
| Surgical and Non-Surgical Periodontics<br>Periodontal Maintenance | 80% (After deductible is met) |
| **Prosthodontic Services** | |
| Removable Complete and Partial Dentures<br>Fixed Partial Dentures (Bridges)<br>Adjustments and Repairs of Complete and Partial Dentures | 80% (After deductible is met) |
| **Implant Services** | |
| Surgical Placement<br>Supporting Structures<br>Treatment of Implant Defects<br>Fixed Partial Denture and Removable Denture | 80% (After deductible is met) |
| *Cone Beam CT Images | 80% (Deductible does not apply) |
| **Removal of Teeth** | |
| Simple and Surgical Extractions | 80% (After deductible is met) |
| Complex Oral Surgery | 80% (After deductible is met) |
| **Adjunctive General Services** | |
| Consultations<br>General Anesthesia, Nitrous Oxide and/or IV Sedation | 80% (After deductible is met) |
| *Palliative Treatment (Emergency) | 80% (Deductible does not apply) |
| **Orthodontic Services** | |
| Orthodontics Services | 50% (Deductible does not apply) |

*Covered service does not apply to benefit maximums.

*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, reductions or limitations and the terms under which the benefit plan may be continued, see your Sales & Account Executive or write to Blue Cross Blue Shield of North Dakota. For the list of exclusions and limitations, refer to the written benefit plan.*

*This information is available to individuals with disabilities in alternate formats, free of charge, by calling Member Services at 1-844-653-4056 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.*

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.

This dental plan is that of your employer. Blue Cross Blue Shield of North Dakota is serving only as the Claims Administrator.