



Dental Plan 110



Deductible Amount	\$100 per member per benefit period, \$200 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
Orthodontic Services and Maximum	Covered at 50% of allowed charge. Deductible does not apply. \$1,500 lifetime maximum per member
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 2 per tooth) Fillings consisting of silver amalgam, silicate and plastic restorations (pin retention - limit 2) Simple extractions, surgical extractions and impactions Endodontics including: pulpotomy, pulp capping, apicoectomy, root canal treatments Space maintainers Surgical periodontic examinations, 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 Surgical implant procedures 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.

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This information is available 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-342-4718 (TTY: 1-800-366-6888).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-342-4718 (TTY: 1-800-366-6888).



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

Call toll-free 1-800-737-0016

Novidian Mutual Insurance Company



Dental Program

Employer Group Dental Program Requirements

This information is a limited outline; other situations may occur.

Situation	Requirement
Employee does not apply for dental coverage when first eligible.	Employee must wait until Annual Enrollment Period to enroll. There will be no waiting periods.
Single employee does not apply for dental coverage when first eligible, then marries and wants family dental coverage.	Employee must wait until Annual Enrollment Period to enroll for family dental coverage. There will be no waiting periods.
Married employee took single coverage when first eligible but now wants to change class of coverage.	Employee may change class during the Annual Enrollment Period, but spouse and/or dependents will have a 270-day waiting period for all services except care required because of an accident.
Single employee currently carries dental coverage, marries, and wishes to carry family dental to include spouse.	Employee may switch to family coverage with an effective date the 1st of the month following enrollment if application is made within 31 days of marriage date. Waiting periods will not apply.
Employee wishes to change from family coverage to another class of coverage due to a change in marital status.	Employee may change class of coverage effective the 1st of the month immediately following timely notice of change in marital status.
Employee wishes to change from family to another class of coverage.	Once the employee has selected family coverage, the employee may revert to another class of coverage at any time if the spouse and/or dependents have other group dental insurance. Written documentation from the spouse's and/or dependent's group dental insurance will be required with the change. Embedded pediatric dental within a health plan does not qualify as other group dental.
Employee wants to cancel dental coverage while still eligible for the coverage.	Employee must wait until group anniversary to cancel coverage.
Employee who has cancelled dental coverage while still eligible now wants to reapply for coverage.	Employee can re-enroll for dental coverage only after a minimum of two years has passed. A membership application must be submitted during the Annual Enrollment Period. There will be a 270-day waiting period for all services except care required because of an accident.
Employee wishes to add newly eligible dependents to existing coverage.	Employee may add newly eligible dependents the 1st or the 16th of the month prior to the date of birth, adoption, legal guardianship or court order if application is made within 31 days of eligibility. Waiting periods will not apply.
Employee wishes to add additional eligible dependents to existing coverage.	Employee may add additional eligible dependents during the Annual Enrollment Period. Dependents will have a 270-day waiting period for all services except care required because of an accident.

Members under age 19 will not be subject to waiting periods.

	Single	Employee + Spouse	Employee + Children	Family
Employee Cost per Month	\$0	\$39	\$37	\$77

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.



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Novidian Mutual Insurance Company

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