



City of Mandan

Effective January 1, 2020 through December 31, 2020

PREVENTATIVE (CLASS 1)
(CLEANINGS, X-RAYS, EXAMS)

BASIC (CLASS 2)
(FILLINGS, SIMPLE EXTRACTIONS)

MAJOR (CLASS 3)
(ROOT CANALS, ENDODONTICS,
PERIODONTICS, BRIDGES, DENTURES)

ORTHODONTIA (CLASS 4)

DEDUCTIBLE

ANNUAL MAXIMUM BENEFIT

CLASS III WAITING PERIODS

PREMIUMS (MONTHLY)
Employee
Employee + 1
Family

Elite Choice Plan		Premier Plan
IN-NETWORK	OUT-OF-NETWORK	ALL DENTISTS
Each dental procedure has a pre-determined fee. Please refer to the co-payment brochure for a detailed list.		100%
		80%
		50%
Not Covered		Not Covered
None	\$50.00/\$150.00	\$100.00 Lifetime
\$2,000.00		\$1,000.00
None	6 Months	12 Months (Major services only)
\$34.40		\$36.52
\$64.88		\$69.32
\$108.12		\$109.13