



**Group:** City of Mandan (Plan #9908)  
**Plan:** Elite Choice  
**Underwritten by:** Companion Life Insurance Company  
**Administered by:** Dental Management Administrators  
**Effective Date:** 1/1/2024  
**Benefit Year:** Calendar  
**Plan Type:** Voluntary / Fully Insured

	In-Network	Out-of-Network
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	100%	See Claim Payment Schedule*
<b>Type 2 - Basic</b> Fillings	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Type 4 - Orthodontics</b> Dependent children up to age 19	No Coverage	No Coverage
Adults	No Coverage	No Coverage
<b>Sealants</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Space Maintainers</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Endodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Periodontics</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Simple Extractions</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Oral Surgery</b>	See Co-Pay Schedule	See Claim Payment Schedule*
<b>Specialists</b>	Included **	See Claim Payment Schedule*

\*\* All in-network copayments included in the co-pay schedule apply to services performed at both general dentists and specialists.

Waiting periods	
Type 2 - Basic	None
Type 3 - Major	None
Type 4 - Orthodontics	N/A

<b>Deductible</b>	In and Out of Network Deductibles are Combined
Per Person	\$0.00
Family Max	\$0.00
<b>Deductible Applies To</b>	Type 2 & Type 3
<b>Annual Maximum Per Person</b>	\$2,000.00
<b>Orthodontic Lifetime Maximum</b>	N/A
<b>Network / Reimbursement Schedule</b>	TDA PPO
	See Claim Payment Schedule*

<b>Monthly Rates</b>	
Employee	\$36.12
Two Party	\$68.12
Family	\$113.53

Provisions / Limitations / Exclusions	
Exams (including Periodontal), Cleanings	2 per plan year
Fluoride	1 per plan year, up to age 19
Sealants	Up to age 17
Space Maintainers	No frequency
Bitewing X-Rays	2 per plan year
Periapical X-Rays	2 per year
Panoramic X-Ray	1 every 3 years
Impacted Teeth	Covered in See Co-Pay Schedule
Anesthesia - (Limited to surgical procedures only)	Covered in See Co-Pay Schedule
Implants / Implant Abutments	Over age 16, 1 per 10 years
Crowns, Pontics, Abutments, Onlays and Dentures	1 every 5 years per tooth
Fillings on the same surface	1 every 24 months

\* When using a non-participating provider, the insured is responsible for all fees in excess of the plan payment listed in the claim payment schedule.

Read Your Policy Carefully-This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR POLICY CAREFULLY!