



City of Mandan

Effective January 1, 2023 through December 31, 2023

	Elite Choice Plan		Premier Plan
	IN-NETWORK	OUT-OF-NETWORK	ALL DENTISTS
PREVENTATIVE (CLASS 1) (CLEANINGS, X-RAYS, EXAMS)	Each dental procedure has a pre-determined fee.		100%
BASIC (CLASS 2) (FILLINGS, SIMPLE EXTRACTIONS)	Please refer to the co-payment brochure for a detailed list.		80%
MAJOR (CLASS 3) (ROOT CANALS, ENDODONTICS, PERIODONTICS, BRIDGES, DENTURES)	Please refer to the co-payment brochure for a detailed list.		50%
ORTHODONTIA (CLASS 4)	Not Covered		50% \$1,000.00 Lifetime Children up to the age of 19
DEDUCTIBLE	None	\$50.00/\$150.00	\$100.00 Lifetime
ANNUAL MAXIMUM BENEFIT	\$2,000.00		\$1,000.00
CLASS III WAITING PERIODS	None	6 Months	12 Months (Major services only)
PREMIUMS (MONTHLY)			
Employee	\$36.12		\$38.35
Employee + 1	\$68.12		\$72.79
Family	\$113.53		\$114.59