



**Group:** City of Mandan  
**Plan:** **Premier**  
**Underwritten by:** **Companion Life Insurance Company**  
**Administered by:** **Dental Management Administrators**  
**Effective Date:** **1/1/2023**  
**Benefit Year:** **Calendar**  
**Plan Type:** **Voluntary / Fully Insured**

	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Type 1 - Preventive</b> Oral Exams, Cleanings, Bitewing X-rays, Fluoride	<b>100%</b>	<b>100% up to R&amp;C*</b>
<b>Type 2 - Basic</b> Fillings	<b>80%</b>	<b>80% up to R&amp;C*</b>
<b>Type 3 - Major</b> Crowns, Bridges, Prosthodontics	<b>50%</b>	<b>50% up to R&amp;C*</b>
<b>Type 4 - Orthodontics</b> Dependent children up to age 26	<b>50%</b>	<b>50%</b>
Adults	Discount Only	No Coverage
<b>Sealants</b>	Type 2 - Basic	Type 2 - Basic
<b>Space Maintainers</b>	Type 3 - Major	Type 3 - Major
<b>Endodontics</b>	Type 3 - Major	Type 3 - Major
<b>Periodontics</b>	Type 3 - Major	Type 3 - Major
<b>Simple Extractions</b>	Type 2 - Basic	Type 2 - Basic
<b>Oral Surgery</b>	Type 3 - Major	Type 3 - Major
<b>Waiting periods</b>		
Type 2 - Basic	None	
Type 3 - Major	12 Month Waiting Period	
Type 4 - Orthodontics	12 Month Waiting Period	
<b>Deductible</b>	In and Out of Network Deductibles are Combined	
Per Person	\$100.00	
	Lifetime	
<b>Deductible Applies To</b>	Type 1, Type 2 & Type 3	
<b>Annual Maximum Per Person</b>	\$1,000.00	
<b>Orthodontic Lifetime Maximum</b>	\$1,000.00	
<b>Network / Reimbursement Schedule</b>	TDA PPO	R&C (90th)*
<b>Provisions / Limitations / Exclusions</b>		
Exams (including Periodontal), Cleanings	2 per plan year	
Fluoride	1 per plan year	
Sealants	1 per tooth per 36 months, ages 6-16	
Space Maintainers	No Frequency	
Bitewing X-Rays	1 per plan year	
Periapical X-Rays	No frequency	
Panoramic X-Ray	1 every 3 years	
Impacted Teeth	Covered in Type 2 - Basic	
Anesthesia - (Limited to surgical procedures only)	Covered in Type 3 - Major	
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	No frequency	
* When using a non-participating provider, the insured is responsible for all fees in excess of the Reasonable and Customary Charges (R&C).		

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!