

Northern Minnesota Dental, Inc.

Program of Dental Benefits

ISD #712 – Mt. Iron / Buhl

Dental Plan

Employer Dental Plan:

This Dental Plan is issued by ISD #712 – Mt. Iron / Buhl for the benefit of its employees, their spouses, and dependent children. ISD #712 – Mt. Iron / Buhl hereby agrees to provide the dental services described in this Dental Plan subject to exclusions, limitations, and conditions set forth herein.

ISD #712 Mt. Iron / Buhl has entered into an agreement with Northern Minnesota Dental, Inc. (“NMD”) to arrange for the provision of the dental services described in this Dental Plan. NMD has entered into agreements with Member Dentists to provide the dental services covered by this Dental Plan.

This Dental Plan shall be effective November 1, 2019.

Schedule of Dental Plan Benefits

Employees are free to go to the dentist of their choice.

Plan Year

November 1st through October 31st

Basic Dental Plan (Non-Member Dentist):

- The Dental Plan provides for indicated percentage of the usual and customary fees up to a maximum per year.
- **You can be billed for fees in excess of what is determined usual and customary.**

• Coverage A	<i>Diagnostic and Preventive Services:</i>	80%
• Coverage B	<i>Basic and Special Restorative Services:</i>	80%
• Coverage C	<i>Prosthetics:</i>	80%
• Coverage D	<i>Orthodontics:</i>	0%
• Coverage E	<i>TMJ (Temporomandibular Joint Dysfunction):</i>	0%

Maximum Benefits

• Coverage A	\$1,000.00	Per person per year
• Coverage B		
• Coverage C		
• Coverage D	No Coverage	
• Coverage E	No Coverage	
• Deductible	\$0.00	

Enhanced Dental Plan (Member Dentist):

- The Dental Plan provides for indicated percentage of the usual and customary fees up to a maximum per year.
- **You cannot be billed for fees in excess of what is determined usual and customary.**

• Coverage A	<i>Diagnostic and Preventive Services:</i>	100%
• Coverage B	<i>Basic and Special Restorative Services:</i>	100%
• Coverage C	<i>Prosthetics:</i>	90%
• Coverage D	<i>Orthodontics:</i>	50%
• Coverage E	<i>TMJ (Temporomandibular Joint Dysfunction):</i>	50%

Maximum Benefits

• Coverage A	\$1,000.00	Per person per year
• Coverage B		
• Coverage C		
• Coverage D	\$750.00	Per person per lifetime <i>(eight (8) to nineteen (19) years of age)</i>
• Coverage E	\$500.00	Per person per lifetime
• Deductible	\$0.00	

Prior Authorization:

A prior authorization of costs with the appropriate p.a. x-rays and narrative must be submitted to NMD for any dental treatment involving major restorative, periodontic, prosthetic, or orthodontic care.

This is to verify that the proposed treatment is covered by NMD, benefits, and estimate the amount of payment.

Failure to submit a prior authorization of costs before treatment is performed will result in the patient being responsible for payment of any dental treatment not approved by NMD.