



## Delta Dental of Minnesota

Welcome to Delta Dental of Minnesota. We've designed your dental plan so it is easy to use and gives you and your family maximum flexibility, network savings, an unparalleled commitment to service and peace of mind. Together with your employer, our goal is to help you maintain healthy, happy smiles all year round.

### Prevention is the key to good long-term oral health

Our plans are designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner.

Access to regular checkups and sound preventive care are key to long-term oral health. In addition to visiting your dentist for regular preventive care, talk to your dentist about your specific oral health needs. Your dental plan is intended only to help you pay for care—your dentist is the one who will help you determine your actual care needs.

### Helpful Online Tools

As part of our commitment to your long-term oral health, we provide members free access to valuable oral health information and dental benefit tools through our Web site, [www.deltadentalmn.org](http://www.deltadentalmn.org).

An innovator in oral health benefit plans, Delta Dental of Minnesota is an independently operated, nonprofit dental services company that administers self-insured and prepaid dental service plans. Delta Dental of Minnesota is headquartered in Eagan, and has a customer service center on Minnesota's Iron Range.

## Frequently Asked Questions

### May I visit any dentist?

You have the freedom to see any dentist. However, dentists who participate in our networks have agreed not to charge more than our maximum allowable amount. This can result in lower out-of-pocket costs. As an added convenience, you never have to file a claim when you use a participating dentist—the dentist files the claim for you.

### How do I find a participating dentist?

Finding a participating dentist is easy. Simply visit [www.deltadentalmn.org](http://www.deltadentalmn.org) and use our interactive Dentist Search tool or call Customer Service toll free at 1-800-553-9536.

### What happens if I visit a non-participating dentist?

If dental services are received by a non-participating dentist, you will be responsible for paying the difference between our maximum allowable amount and what the dentist charges. You may be responsible for submitting your own claim. The address to submit claims is on the back of your Delta Dental ID card. In addition, reimbursement for covered services will be paid directly to you.

### What if I have an emergency outside the United States?

Delta Dental automatically includes international emergency coverage in many countries throughout Europe, Africa, South America and Asia. English-speaking customer service representatives are available to help members find a dentist. For more information, visit [www.deltadentalmn.org](http://www.deltadentalmn.org).

### How do I find out if my claim was paid?

Our Web site offers fast and easy dental benefit tools and information. In addition to claims inquiry, other interactive features include benefits and eligibility inquiry, oral health resources and much more. You may also call Customer Service to get claims status and payment information.

### How is work in progress handled?

For services started prior to your effective date under the Delta Dental plan, payment of the claim is generally based on the service completion date.

### How do I know how much I'll be responsible for?

For major dental procedures, the dentist can submit a pre-treatment estimate to Delta Dental of Minnesota for determination of benefits and financial responsibility prior to the service.

**To learn more about your dental plan, please contact us toll free at  
1-800-553-9536**

**or visit [www.deltadentalmn.org](http://www.deltadentalmn.org)**

**Summary of Dental Benefits**

| Benefit                           | Plan Option I    |  | Plan Option II                         |
|-----------------------------------|------------------|--|--|
|                                   | Delta Dental PPO | Delta Dental Premier or Out-of-Network | Delta Dental Premier or Out-of-Network |
| Diagnostic & Preventive Services  | 100%             | 80%                                    | 100%                                   |
| Basic Restorative Care & Services | 90%              | 50%                                    | 80%                                    |
| Basic Oral Surgery Services       | 100%             | 50%                                    | 80%                                    |
| Complex Surgical Extractions      | 80%              | 80%                                    | 80%                                    |
| Basic Endodontic Therapy          | 80%              | 50%                                    | 50%                                    |
| Basic Periodontal Services        | 80%              | 50%                                    | 50%                                    |
| Complex Surgical Periodontal Care | 80%              | 50%                                    | 50%                                    |
| Major Restorative Services        | 50%              | 50%                                    | 50%                                    |
| Prosthetic Services               | 50%              | 50%                                    | 50%                                    |
| Prosthetic Repairs & Adjustments  | 50%              | 50%                                    | 50%                                    |
| Implants                          | 50%              | 50%                                    | 50%                                    |
| Orthodontics                      | 50%              | 50%                                    | 50%                                    |

|                                      |   |         |           |            |
|--------------------------------------|---|---------|-----------|------------|
| <b>Deductible:</b>                   | Per person/per family per calendar year<br>(Not applicable to Diagnostic & Preventive Services) | None    | \$25/\$75 | \$50/\$150 |
| <b>Annual Maximum:</b>               | Per covered person per calendar year  | \$2,000 | \$2,000   | \$1,000    |
| <b>Lifetime Orthodontic Maximum:</b> | For dependent children age 8 through age 18   | \$1,000 | \$1,000   | \$1,000    |
| <b>Eligible Dependents:</b>          | Spouse and/or dependent children to the age of 26   |         |           |            |

**Diagnostic & Preventive Services**

- Examinations and cleanings at 6 month intervals
- Full mouth x-rays at 5 year intervals
- Bitewing x-rays at 12 month intervals for covered persons through age 17, and at 24 month intervals for covered persons age 18 and over
- Fluoride treatment at 12 month intervals for covered persons through age 18

**Basic Restorative Care & Services**

- Emergency treatment for relief of pain
- Amalgam restorations (silver fillings)
- Anterior (front) resin restorations (white fillings)
- Sealants for eligible dependents through age 15, limited to once per lifetime for permanent molars
- Space maintainers are covered once per lifetime for eligible dependent children through the age of 16 for missing primary posterior (back) teeth

**Basic Endodontic Therapy**

- Pulpotomies on primary teeth for dependent children
- Root canal therapy on permanent teeth

**Basic/Complex Periodontal Services**

- Non-surgical periodontics at 36 month intervals
- Surgical periodontics at 36 month intervals

**Basic/Complex Oral Surgery Services**

- Surgical/Non-surgical extractions

**Major Restorative Services**

- Crowns at 5 year intervals

**Prosthetic Services**

(Missing tooth exclusion applies for 24 months)

- Dentures (full and partial) at 5 year intervals
- Bridges at 5 year intervals

**Prosthetic Repairs & Adjustments**

- Denture adjustments and repairs
- Re-cement bridge
- Bridge repair

**Implants**
**Orthodontics**

- Treatment for the prevention/correction of malocclusion for dependent children only

*Claim payments are subject to review. We strongly recommend a pre-estimate for implants and all major services.*

*Complete details, limitations and exclusions will be provided in the contract upon enrollment.*

*In the event of a conflict between this benefit summary and the contract, the contract will apply.*