

# Dental Insurance



Delta Dental of Minnesota

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Taking care of your oral health is not a luxury; it is necessary for optimal long-term health. With a focus on prevention, early diagnosis and treatment, dental coverage can greatly reduce the cost of restorative and emergency procedures. Preventive services at in-network providers are generally covered at no cost to you and include routine exams and cleanings. You pay a small deductible and coinsurance for basic and major services.

You may enroll yourself and your eligible dependents — or you may waive dental coverage. You do not have to be enrolled in medical coverage to elect a dental plan.



The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

### FIND A DENTIST

To find a Delta Dental provider in your area, visit the website at [www.deltadentalmn.org/members](http://www.deltadentalmn.org/members).

- Click on “Find a Dentist”
- Enter your ZIP Code
- Select the “PPO & Premier Network”
- Click “Submit” for a comprehensive directory of dentists

**In-network Providers:** Provider is reimbursed based on contracted fees and cannot balance bill you.

**Out-of-Network Providers:** Provider is reimbursed based on Reasonable and Customary standards and balance billing is possible.

	Delta Dental PPO	Delta Dental Premier	Non-Participating
<b>Plan Year Deductible</b>			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
<b>Annual Plan Maximum</b>			
Per individual	\$1,500	\$1,000	\$1,000
	<b>You pay</b>		
<b>Preventive Care</b> Exams & cleanings, x-rays, fluoride treatments, space maintainers, sealants	0%	0%	0% of maximum allowable fee*
<b>Basic Services</b> Emergency treatment for relief of pain, amalgam restorations (silver fillings) and composite resin restorations (white fillings) on anterior (front) teeth	10%	20%	20% of maximum allowable fee*
<b>Endodontics &amp; Periodontics</b> Root canal therapy on permanent teeth Surgical/Nonsurgical periodontics	20%	20%	20% of maximum allowable fee*
<b>Major Services</b> Dentures (full and partial), bridges, denture adjustments and repairs, bridge repair, implants	50%	50%	50% of maximum allowable fee*

### Dental Employee Cost Per pay period

Employee Only	\$2.50
Employee + Spouse	\$7.00
Employee + Family	\$10.00

\*\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable amount as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

**NOTE: Orthodontic services are not covered.**