

### A Snapshot of Your Coverage\*

Service & Description	Option 1	Option 2
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, fluorid treatments, space maintainers, sealants	100%	100%
<b>Basic Services</b> Emergency treatment for relief of pain, amalgam and composite resin restorations (white filling ) on anterior (front) teeth	0%	60%
<b>Oral Surgery</b> Simple Surgical / Nonsurgical extractions	0%	50%
<b>Calendar Year Deductible</b> Individual Family Maximum	\$0 \$0	\$15 3x
<b>Deductible waived for Preventive</b>	Yes	Yes
<b>Calendar Year Maximum</b>	\$500	\$750
<b>Network</b>	Delta Dental PPO and Delta Dental Premier***	
<b>Eligible Dependents</b>	Spouse and unmarried dependent children up to age 26.	
Total Monthly Rates		
	Option 1	Option 2
<b>Employee</b>	\$20.92	\$28.08
<b>Family</b>	\$67.28	\$90.28

New group and renewal rates effective 7/1/2016 – 6/30/2017

*\*This is a summary of benefits only and does not guarantee coverage.*

*\*\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee 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.*

### Why Choose a Delta Dental Plan?

Delta Dental of Minnesota has designed your plan so it is easy to use and gives you and your family maximum savings and easy access to Minnesota's largest dentist networks. We back this with an unparalleled commitment to service. Together with your employer, our goal is to help you maintain healthy, happy smiles all year round.

### Prevention is key

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.

### Helpful Online Tools

As part of our commitment to your oral health, we offer comprehensive oral health information and easy-to-use online dental benefit tools. You can look up claims, search for a local area network dentist and more by visiting [www.deltadentalmn.org](http://www.deltadentalmn.org).

### Signing up is Easy

There are just 3 easy steps to sign up for your dental plan:

1. Review the two plan Options and decide whether you want to sign up for either **Option 1** or **Option 2**.
2. Complete the enclosed Membership Enrollment Form, indicating your plan selection and other relevant information. Please complete all required fields.
3. Submit your completed and signed Membership Enrollment form to your Human Resources representative.

**Call us toll free at  
1-800-553-9536.**

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Service & Description	Option 1	Option 2
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, fluorid treatments, space maintainers, sealants	80%	100%
<b>Basic Services</b> Emergency treatment for relief of pain, amalgam and composite resin restorations (white filling ) on anterior (front) teeth	40%	50%
<b>Oral Surgery</b> Simple Surgical / Nonsurgical extractions	25%	30%
<b>Periodontics</b> Non-surgical periodontics Surgical periodontics	0% 0%	30% 30%
<b>Endodontics</b>	0%	30%
<b>Major Restorative</b> Complex extractions, crowns, stainless steel crowns, dentures, bridges, inlays & onlays	25%	30%
<b>Prosthetic Repairs and Adjustments</b>	25%	30%
<b>Calendar Year Deductible</b> Individual Family Maximum	\$0 \$0	\$15 3x
<b>Deductible waived for Preventive</b>	Yes	Yes
<b>Calendar Year Maximum</b>	\$500	\$750
<b>Network</b>	Delta Dental PPO and Delta Dental Premier***	
<b>Eligible Dependents</b>	Spouse and unmarried dependent children up to age 26.	

Total Monthly Rates		
	Option 1	Option 2
<b>Employee</b>	\$26.66	\$33.46
<b>Family</b>	\$85.76	\$106.40

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		PPO Network	Premier Network	Out-of-Network
<b>Services Rendered By Providers</b>	<b>In or Out-of-Network</b>			
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, fluorid treatments, space maintainers, sealants	100%	100%	100%	90%
<b>Basic Services</b> Emergency treatment for relief of pain, amalgam and composite resin restorations (white filling ) on anterior (front) teeth	80%	80%	80%	70%
<b>Periodontics</b> Non-surgical periodontics Surgical periodontics	80%	80%	80%	70%
<b>Endodontics</b> Root Canals	60%	60%	50%	50%
<b>Oral Surgery</b> Simple Surgical / Nonsurgical extractions	60%	60%	50%	50%
<b>Major Restorative</b> Complex extractions, crowns, stainless steel crowns, dentures, bridges, inlays & onlays	60%	60%	50%	50%
<b>Prosthetic Repairs and Adjustments</b>	60%	60%	50%	50%
<b>Calendar Year Deductible</b>				
Individual	\$50	\$25	\$50	\$50
Family Maximum	\$150	\$75	\$150	\$150
<b>Deductible waived for Preventive</b>	Yes	Yes	Yes	Yes
<b>Calendar Year Maximum</b>	\$1,200	\$1,200	\$1,000	\$1,000
<b>Network</b>	Delta Dental PPO and Delta Dental Premier <sup>®</sup> ***			
<b>Eligible Dependents</b>	Spouse and unmarried dependent children up to age 26.			
<b>Total Monthly Rates</b>				
	<b>Option 1</b>	<b>Option 2</b>		
<b>Employee</b>	\$39.16	\$37.96		
<b>Employee +1</b>	\$76.36	\$74.02		
<b>Family</b>	\$120.98	\$117.30		

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# Dental Plan D with Orthodontics

Delta Dental of Minnesota

MN Service Cooperatives Participating Members

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<b>Services Rendered By Providers</b>	In or Out-of-Network			
<b>Diagnostic &amp; Preventive Services</b> Exams, cleanings, x-rays, fluorid treatments, space maintainers, sealants	100%	100%	100%	90%
<b>Basic Services</b> Emergency treatment for relief of pain, amalgam and composite resin restorations (white filling ) on anterior (front) teeth	80%	80%	80%	70%
<b>Periodontics</b> Non-surgical periodontics Surgical periodontics	80%	80%	80%	70%
<b>Endodontics</b> Root Canals	60%	60%	50%	50%
<b>Oral Surgery</b> Simple Surgical / Nonsurgical extractions	60%	60%	50%	50%
<b>Major Restorative</b> Complex extractions, crowns, stainless steel crowns, dentures, bridges, inlays & onlays	60%	60%	50%	50%
<b>Prosthetic Repairs and Adjustments</b>	60%	60%	50%	50%
<b>Orthodontics</b> (for dependent children, ages 8-19)	50%	50%	50%	50%
<b>Calendar Year Deductible</b>				
Individual	\$50	\$25	\$50	\$50
Family Maximum	\$150	\$75	\$150	\$150
<b>Deductible waived for Preventive</b>	Yes	Yes	Yes	Yes
<b>Calendar Year Maximum</b>	\$1,200	\$1,200	\$1,000	\$1,000
<b>Lifetime Orthodontic Maximum</b>		\$1,000		
<b>Network</b>	Delta Dental PPO and Delta Dental Premier***			
<b>Eligible Dependents</b>	Spouse and unmarried dependent children up to age 26.			
Total Monthly Rates				
	Option 1	Option 2		
<b>Employee</b>	\$39.16	\$37.96		
<b>Employee +1</b>	\$80.68	\$78.34		
<b>Family</b>	\$135.40	\$131.70		

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