## **À DELTA DENTAL**°

Delta Dental of Minnesota

## Worthington ISD 518

Delta Dental PPO <sup>™</sup> &
Delta Dental Premier®

Employee

\$39.72

Worthington ISD 518			+Sp \$81.78 +Ch(n) \$106.82	
Client #100270		Employee Family	\$155.44	
Plan Benefit Highlights				
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*	
Calendar Year Plan Maximum Per person	\$1,250	\$1,250	\$1,250	
Lifetime Ortho Maximum Per eligible covered person	\$1,000	\$1,000	\$1,000	
Lifetime Diagnostic & Preventative Deductible Per covered person	\$50	\$50	\$50	
<b>Deductible</b> Per person / per family per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family	
Eligible Dependents	Spouse and dependent children up to age 26			
Covered Services	Dental Benefit Plan Coverage			
Covered Immediately - No Waiting Period				
Diagnostic & Preventive Services Exams Cleanings X-rays Fluoride treatments Space maintainers	100%	100%	100%	
Basic Services Sealants Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth and posterior (back) teeth	80%	80%	80%	
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%	
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%	
Services Covered After a 6 Month Waiting Period is Satisfied				
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	55%	50%	50%	
Services Covered After a 12 Month Waiting Period is Satisfied				
Major Restorative Crowns	50%	50%	50%	
Prosthetics Dentures (full and partial) Bridges Standard Implant Coverage	55%	50%	50%	
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	55%	50%	50%	
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion <i>Available for dependent children through 18</i>	50%	50%	50%	

This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

\*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.

## **A DELTA DENTAL**<sup>®</sup>

## Make the Most of Your Benefits



Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

## Online Tools for Members: www.DeltaDentalMN.org



#### Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.

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#### Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.

#### **Oral Health Resources:**

Access dental and health information including a section dedicated to kids' oral health.



#### **Cost Estimator:**

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



### Prefer to Speak to Someone?

Call our national customer service

Toll Free: 1-800-448-3815 Local: 651-406-5901 Monday-Friday: 7 a.m.-7p.m. central

## Tools Available in the Secure Member Portal



#### Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



#### **Claims Inquiry:**

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



#### Print ID Cards:

Print a digital or replacement ID card.

#### Secure Member Portal Registration

- 1. On DeltaDentalMN.org, go to the member page and click "Access My Secure Portal"
- 2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
- 3. Remember your username and password because you will need them each time you log in.

# Learn more about how your oral heath connects to your overall health at: **DeltaDentalMN.org**



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