



DELTA DENTAL OF MINNESOTA

DELTA DENTAL INDIVIDUAL AND FAMILY PLANS



THE POWER OF SMILE[®]

WELCOME TO DELTA DENTAL OF MINNESOTA!

We're pleased to be your partner in maintaining better health, through oral health. The Delta Dental PPOSM and Delta Dental Premier[®] plans make it easy to not only find a dentist, but to control your costs when you visit a network dentist. Our goal is to give you and your family maximum flexibility, network savings and an unparalleled commitment to service to help you maintain healthy, happy smiles all year round. Here are some of the great things you'll need to know about enrolling with Delta Dental:

Save money with a Delta Dental PPO or Delta Dental Premier dentist.

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

Many network dentists to choose from.

Since Delta Dental offers access to one of the largest dentist networks in the U.S., chances are there's a wide choice of network dentists near your home or office. Simply visit www.deltadentalmn.org and use our interactive Dentist Search tool to find dentists by location or specialty. Did you know that Delta Dental also automatically includes international emergency coverage in many countries throughout Europe, Africa, South America and Asia? For more information, visit www.deltadentalmn.org.

Easy to use benefits.

When you visit a Delta Dental dentist, you pay only your portion for services. Delta Dental dentists will file claim forms for you and receive payment directly from us. Many non-Delta Dental dentists ask that you pay the entire cost up front and wait for reimbursement.

Delta Dental's Online Services make getting information quick and easy.

Access your benefits and eligibility, print ID cards and get information about your claims. Check out Delta Dental's oral health resources for tips and information that can help keep your smile healthy. You can also manage your benefits anytime, anywhere with the new Delta Dental mobile app. To learn more go to www.deltadentalmn.org.



CHOOSE THE PLAN THAT IS RIGHT FOR YOU!

| Services Covered Immediately: | Plan A | Plan B | Plan C |
|--|--|--------------------------|---|
| Diagnostic/Preventive – Routine exams, X-rays and cleanings, including periodontal cleaning - once every 6 months | 100% | 80% | 100% |
| Basic Restorative – Fillings and sealants | 50% | 50% | 50%* |
| Oral Surgery – Including extractions | 50% | 50% | N/A |
| Root Canals – Endodontics | 50% | 50% | N/A |
| Services Covered After A 12-Month Period: | | | |
| Periodontal Care – Treatment of gum disease, surgical/non-surgical treatment | 50% | 50% | N/A |
| Crown and Cast Restorations | 50% | 50% | N/A |
| Prosthodontics – Dentures, partial dentures and bridges | 50% | 50% | N/A |
| Additional Plan Details: | | | |
| Annual Coverage Maximum Per Person | \$1,200 | \$1,000 | \$500 |
| Deductible Per Person | \$50 Does not apply to Diagnostic/ Preventative | \$100 On all services | \$100 Does not apply to Diagnostic/ Preventative |

*3-month waiting period on Basic Services.

While you are welcome to see any dentist, there are advantages to seeing a Delta Dental network dentist. For example, there is no balance billing; meaning, members won't be billed for the difference between the actual procedure charge and what the plan allows. When members receive care from an out-of-network dentist, they are responsible for the balance of the bill. Additionally, when members use network dentists, there is no paperwork. Dentists bill us, and we pay them directly. Members choosing an out-of-network dentist may have to submit their own claims for covered expenses.

| INDIVIDUAL DENTAL 18+ | Plan A (per month) | Plan B (per month) | Plan C (per month) |
|-------------------------------|-----------------------|-----------------------|-----------------------|
| Single Applicant (You) | \$44.25 | \$32.20 | \$22.90 |
| Single Applicant+ 1 | \$86.25 | \$62.79 | \$44.65 |
| Family | \$159.20 | \$115.84 | \$80.75 |

Visit ThePowerOfSmile.com or for more information call 1.866.SMILE50

FREQUENTLY ASKED QUESTIONS ABOUT YOUR DENTAL BENEFITS

How do I sign-up?

After reviewing our plans, you can easily enroll one of two ways: online at www.ThePowerOfSmile.com or via phone at 866-SMILE50 (866-764-5350).

Who is eligible to sign-up?

Any Minnesota resident, 18 years or older, who is not enrolled in any other dental benefits plan is eligible to enroll.

I do not live in Minnesota. Can I still sign-up for a dental plan?

No, these plans are only available for residents who live in Minnesota. To find a plan in your area please go to www.deltadental.com/individual-insurance.

How can I find out if my dentist is part of the Delta Dental network?

Visit www.ThePowerOfSmile.com and click on the “Find a Dentist” link in the top right corner; or call toll-free 1-866-764-5350.

How can I get dental coverage for just my children?

And what is the dependent age maximum?

For child-only coverage, check out our certified Pediatric Dental plans at www.deltadentalmn.org. In our Pediatric Dental plans, children are eligible up to age 19. With our family plans, dependent children are eligible up to age 26.

Are these Plans subsidized as part of Health Care Reform?

Plans in this brochure are not eligible for subsidy and are not part of Health Care Reform. To view plans that are Health Care Reform Certified visit www.deltadentalmn.org for additional Individual and Family Plans.

What dental services are covered?

This brochure is not intended to be a complete description of your coverage; the Dental Benefit Plan Summary is your source for complete information about your coverage, including the specific dental treatments that are covered, the frequency with which those treatments are covered, benefits amounts, limitations, exclusions and conditions under which coverage may remain in force. To view the Dental Benefit Plan Summary for your preferred plan, please visit www.ThePowerOfSmile.com.

Do your dental plans have waiting periods before services will be covered?

Delta Dental encourages prevention so Diagnostic, Preventive and Basic services such as cleanings, X-rays and exams are covered from day one. There is also no waiting period for oral surgery and root canals! Major services, such as crowns or bridges, may have a 12-month waiting period. If you’ve had comparable dental coverage within 60 days of enrolling, waiting period credit will be applied. You may be required to provide proof of prior coverage. Please review the plan details for specific information related to your plan.

When will my coverage begin and when will I be billed?

Your dental plan will start on the first day of enrollment. You can choose monthly or annual billing. Your first payment for monthly billing is due upon processing of your enrollment and you will consequently be billed the 6th of each month.

What are annual maximums?

The Annual Maximum is the dollar amount Delta Dental will pay in benefits in a calendar year per covered person.

What will I receive after I enroll?

You will be mailed an ID card within 7-10 business days from your enrollment date. Your dental benefit plan summary is sent within your enrollment confirmation email.

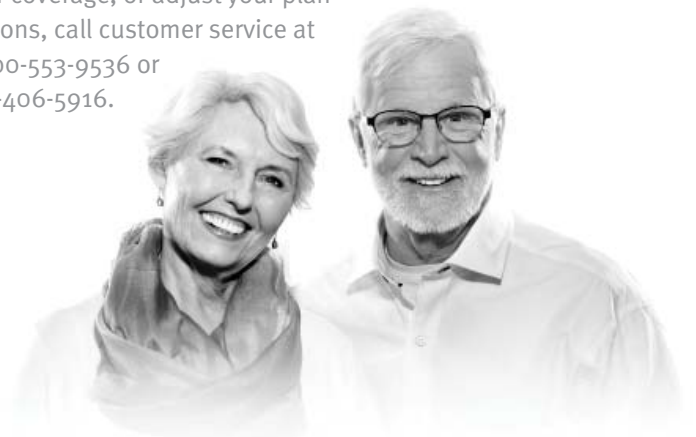
Can I cancel at any time? And if so, how do I terminate my coverage?

The policy is for 12 months. If for some reason you cancel and later want to re-enroll, there is a 12-month waiting period to re-enroll in any Delta Dental Plan. To terminate your coverage, or adjust your plan

options, call customer service at

1-800-553-9536 or

651-406-5916.



ThePowerOfSmile.com

1-866-764-5350 • AskUs@ThePowerOfSmile.com