

- Certified, stand-alone Pediatric Dental plans for those under age 19
- Adult/Family plan options

Flexibility and choice in meeting health care reform requirements

Pediatric Dental is one of ten Essential Health Benefits (EHBs) that must be offered to individuals and fully insured groups with 50 or fewer full-time equivalent employees. We have created two certified Pediatric Dental EHB plans and seven Adult/Family plans.

With a variety of stand-alone plans to balance cost and coverage, we can help insured groups and individuals satisfy Pediatric Dental EHB requirements while meeting their unique needs.

Pediatric Dental EHB plan highlights

We have two Pediatric Dental EHB plan options – Plan A (lower benefit level) and Plan B (higher benefit level). Both feature:

- No waiting periods or coinsurance for diagnostic/preventive services.
- 100% coverage for covered services after \$350 out-of-pocket costs (\$700 maximum for 2 or more children).
- Maximum of three child premiums per family.

Adult/Family plan highlights

These plans provide important dental benefits for the entire family, including:

- No waiting periods, deductibles or coinsurance for diagnostic/preventive services.
- No waiting periods for basic service coverages.
- A variety of designs, from preventive-only to basic and comprehensive coverage.

Why purchase a stand-alone dental plan?

The vast majority of dental plans today are purchased as stand-alone plans. Key advantages include:

- Superior networks, delivering access and cost savings on coinsurance.
- Customer service exclusively focused on dental.
- Dental claim processing for accuracy, convenience and a faster turn-around time.
- A much smaller deductible to satisfy before benefits apply to non-preventive services.
- A much lower out-of-pocket maximum to satisfy before covered benefits are paid in full.

See any dentist or specialist

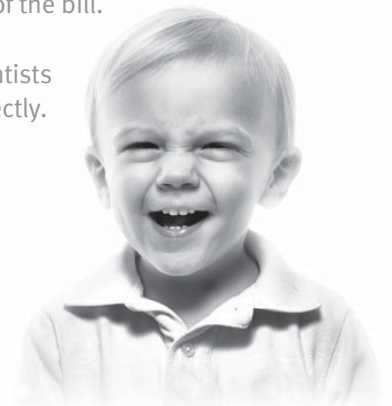
- Receive care from any licensed dentist. However, out-of-pocket costs are greatly reduced when a Delta Dental PPOSM or Delta Dental Premier[®] network dentist provides services.

Advantages to seeing Delta Dental PPO or Delta Dental Premier network dentists include:

Stronger Pediatric Dental EHB benefits – Members aren't subject to an annual plan maximum, and once they meet their annual out-of-pocket maximum, the plan pays 100% for covered services.

No balance billing – Members won't be billed for the difference between the actual procedure charge on covered services and what the plan allows. With non-network dentists, members are responsible for the balance of the bill.

No paperwork – Network dentists bill us, and we pay them directly. Members choosing non-network dentists may have to submit their own claims.

**THE POWER OF SMILE®**

The largest networks in the state – and the nation

- The Delta Dental PPO network is one of the largest PPO networks statewide.
- Delta Dental Premier is one of the state’s largest dental networks, with 74% of dentists in North Dakota participating.
- Members have automatic emergency dental coverage when they travel internationally.

We set the standard for service

- We process the average claim in just over one day. Claim processing accuracy is almost 100%.
- We’ve received an “A” rating (Excellent) from A.M. Best for 15 straight years for our financial stability, among the highest-ranked dental plans in the country.

For more information:

Individuals – Visit www.deltadentalmn.org/IndividualAndFamilyPlans or call customer service at 1-866-764-5350.

Groups – Contact your broker or contact Delta Dental ConnectSM at 1-800-906-5250 or by e-mail, deltadentalconnect@deltadentalmnadmin.org.

Brokers – Contact Delta Dental Connect for personal assistance at 1-800-906-5250 or by e-mail, deltadentalconnect@deltadentalmnadmin.org.

Pediatric Dental Essential Health Benefits	Pediatric Dental Plan A		Pediatric Dental Plan B	
	IN	OON	IN	OON
Diagnostic/Preventive – routine exams and cleanings once every 6 months, sealants, X-rays, fluoride treatments	100%	100%	100% (no deductible)	100% (no deductible)
Basic Services – fillings	50%	50%	80%	80%
Endodontics/Periodontics/Oral Surgery – root canals, treatment of gum disease, extractions	50%	50%	50%	50%
Major Services – crowns, dentures, bridges	50%	50%	50%	50%
Medically Necessary Orthodontics	50%	50%	50%	50%
Deductible Per Person/Per Calendar Year	\$50		\$50 (does not apply to Diagnostic/Preventive Services)	
Annual Maximum Per Person/Per Calendar Year	n/a	n/a	n/a	n/a
Annual Out-of-Pocket Maximum	\$350 - 1 child \$700 - maximum for 2 or more children	n/a	\$350 - 1 child \$700 - maximum for 2 or more children	n/a
Premium Per Member/Per Month (Maximum 3 child premiums per family)	\$24.65		\$30.20	

IN (In-Network) = Delta Dental PPO and Delta Dental Premier networks
 OON (Out of Network)

Adult/Family Plans*	Adult Plan A 1 Cleaning, 1 Exam, 1 Bitewing**	Adult Plan B 2 Cleanings, 2 Exams, 1 Bitewing**	Adult Plan C	Adult Plan D	Adult Plan E	Adult Plan F	Adult Plan G
	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON	IN/OON
Diagnostic/Preventive (no deductible) – routine exams and cleanings once every 6 months (once every 12 months for Adult Plan A), X-rays	100%	100%	100%	100%	100%	100%	100%
Basic Services – fillings	0%	0%	50%	80%	50%	50%	80%
Endodontics/Periodontics/Oral Surgery – root canals, treatment of gum disease, extractions	0%	0%	0%	0%	50%	50%	50%
Major Services (12-month waiting period) – crowns, dentures, bridges	0%	0%	0%	0%	25%	50%	50%
Deductible Per Person/Per Calendar Year (does not apply to Diagnostic/Preventive Services)	\$0	\$0	\$50	\$50	\$50	\$50	\$50
Annual Maximum Per Person/Per Calendar Year	\$500	\$500	\$500	\$750	\$1,000	\$1,000	\$1,200
Annual Out-of-Pocket Maximum	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Premium Per Member/Per Month	\$14.35	\$20.25	\$26.15	\$28.25	\$40.15	\$44.55	\$49.00

Members who receive services from non-Delta Dental network dentists are covered at the same benefit levels as those who see Delta Dental PPO and Delta Dental Premier network dentists. However, because non-Delta Dental network dentists are not under contractual obligation, they may balance bill members for the amount not reimbursed under the plan. Our rates include all applicable taxes and fees.

* When purchasing an Adult/Family plan through the exchange, subscribers must select either Pediatric Dental Plan A or Plan B together with their Adult/Family plan.

**Bitewing X-ray series once every 24 months