

# 2024 Pathfinder Plans

Delta Dental of Minnesota

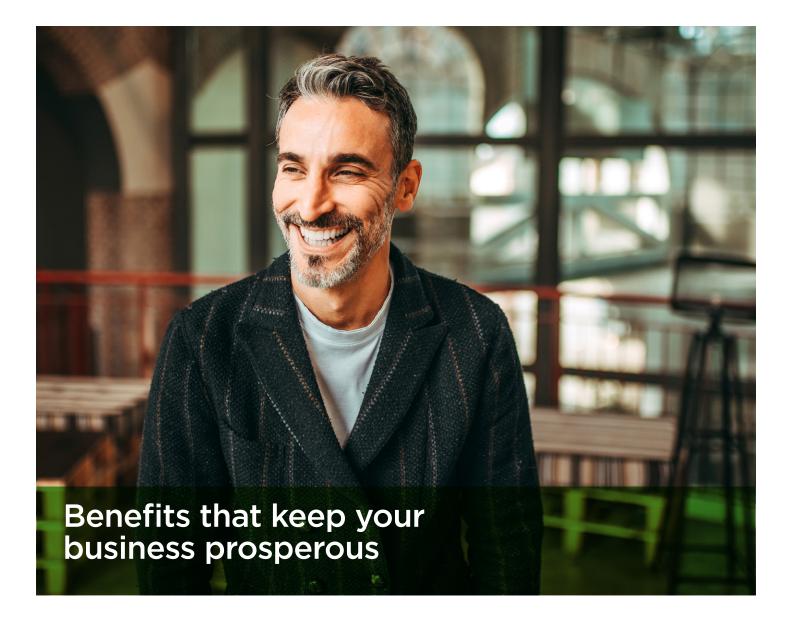
Delta Dental PPO Plus Premier™



### Minnesota 2024

Delta Dental PPO plus Premier<sup>TM</sup> (2 - 100 Eligible Employees)

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	Pathfinder <b>1</b>	Pathfinder <b>2</b>	Pathfinder <b>3</b>	Pathfinder <b>4</b>	Pathfinder <b>5</b>	Pathfinder <b>6</b>
	1,000	1,500	1,500	1,500	1,500	1,500
Employee Only	\$33.12	\$41.76	\$39.67	\$46.27	\$44.49	\$41.15
Employee + Spouse	\$63.53	\$80.22	\$76.08	\$88.77	\$85.48	\$79.08
Employee + Child (ren)	\$77.64	\$97.18	\$92.35	\$108.91	\$101.77	\$94.16
Family	\$121.72	\$151.18	\$144.95	\$169.18	\$158.84	\$146.94
		De	eductible			
Annual Deductible: \$50/\$150	•		•	•		
Lifetime Deductible: \$100/\$300		•			•	•
Preventitive Care Deductible \$50 Lifetime/Person	•		•	•		
		Uniq	ue Features			
Preventative Care Diagnostic & preventative services do not apply to annual max				•		
Child Orthodontic Care				•		
Posterior Composite Fillings (White)				•	•	•
Endodontic / Periodontic (80%)				•	•	•
No Waiting Periods			•			•
Missing Tooth Clause	•	•	•	•	•	•
Passive Network	•	•	•	•	•	•
24 Month Contract					•	
Network Access / Savings	•	•	•	•	•	•



Dental coverage is more than just a way to attract and retain employees.



#### Improve productivity:

Each year, more than 92 million work hours are lost due to emergency unplanned dental care.<sup>1</sup>



#### Reduce medical care costs:

Routine dental visits often detect early stages of over 120 other medical conditions.<sup>2</sup>

Benefits that keep your business thriving. Delta Dental offers better service and support to your business and its employees.



**Experience you can trust:** More than 157,000 businesses rely on Delta Dental to protect their employees' oral health, and over 85 million enrollees trust their smiles to Delta Dental.<sup>3</sup>



Access: Delta Dental provides one of the largest nationwide networks.



Network savings: Our network discounts provide extensive savings for employees.



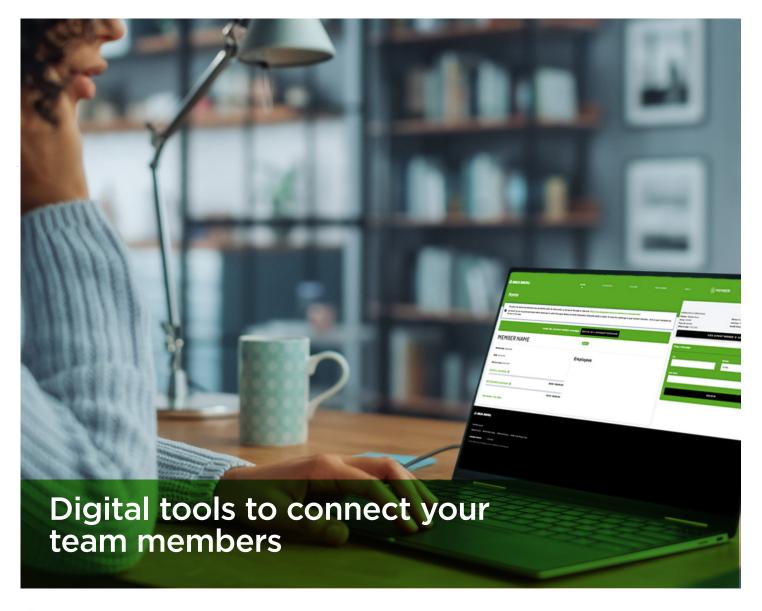
**Technology & Innovation:** We continue to enhance our digital tools and resources through our member portal and member app.



**Service, Support, and Partnership:** We provide world-class customer service, with commitment to member & client satisfaction and to the community.



**Dental Expertise:** We focus on the connection between oral health and overall health. The Power of  $Smile^{TM}$  Blog and oral health resources written by our team of in-house clinicians and experienced service teams provide resources for brokers, employers and members.





### Delta Dental Member Portal

The member portal provides tools for members to self serve and address questions 24/7 via computer, smart phone or tablet.

#### Paperless delivery

In an effort to drive sustainability and ease of use, members have full access to digital ID cards and paperless options for Eligibility of Benefits statements.

### Delta Dental Mobile App

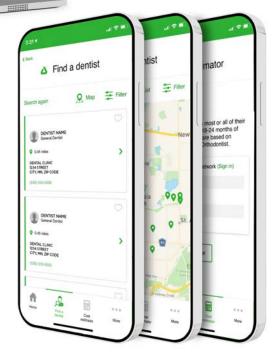
Manage your oral health anytime, anywhere.

We've designed our mobile app to make it easy for your members to make the most of their dental benefits. Search for a dentist near you, view ID cards and more, right on your mobile device.











12-Month Contract

Service	Description	PPO / Premier	OON
	Oral evaluations	100%	100%
Diagnostic / Preventive Services	Cleanings - 2 per year	100%	100%
No Waiting Period	X-rays	100%	100%
	Fluoride treatments	100%	100%
	Sealants	80%	80%
	Space maintainers	80%	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%	50%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
	Pulpal therapy	55%	50%
Endodontic Services Waiting Period - 12 Months	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
Crawns and Dreathatic Comices	Removable prosthetic services-dentures and partials**	55%	50%
Crowns and Prosthetic Services, including Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
Deductible	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person	\$!	50
	Annual Deductible - Per person / family	\$50/\$150	
Annual Maximum	Per person / per calendar year	\$1,000	
Contract Length		12 m	onths

#### Pathfinder 1 Rates

Employee	\$33.12
Employee + Spouse	\$63.53
Employee + Child(ren)	\$77.64
Family	\$121.72

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services.

  A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
  For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to
- employees/dependents who join the client or enroll for coverage after the initial effective date. Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference
- between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.

<sup>\*</sup>Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.



12-Month Contract

Service	Description	PPO / Premier	OON
	Oral evaluations	100%	100%
Diagnostic / Preventive Services	Cleanings - 2 per year	100%	100%
No Waiting Period	X-rays	100%	100%
	Fluoride treatments	100%	100%
	Sealants	80%	80%
	Space maintainers	80%	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%	50%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
	Pulpal therapy	55%	50%
Endodontic Services Waiting Period - 12 Months	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
Periodontic Services Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
Cuarries and Duanthatic Caminas	Removable prosthetic services-dentures and partials**	55%	50%
Crowns and Prosthetic Services, including Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guide	lines Below
	Lifetime Deductible - Per person / family	\$100/\$300	
Annual Maximum	Per person / per calendar year	\$1,5	500
Contract Length		12 m	onths

#### Pathfinder 2 Rates

Employee	\$41.76
Employee + Spouse	\$80.22
Employee + Child(ren)	\$97.18
Family	\$151.18

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- A minimum of two employees must enroll.
- A filmination of two employees indict amounts of the Lifetime deductible applies to all services, including Diagnostic and Preventive Services.

  A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
  For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to
- employees/dependents who join the client or enroll for coverage after the initial effective date. Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference
- between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.

<sup>\*</sup>Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.



#### 2-100 Eligible Employees

#### **Delta Dental PPO Plus Premier**™

12-Month Contract

Service	Description	PPO / Premier	OON
	Oral evaluations	100%	100%
Diagnostic / Preventive Services	Cleanings - 2 per year	100%	100%
No Waiting Period	X-rays	100%	100%
	Fluoride treatments	100%	100%
	Sealants	80%	80%
	Space maintainers	80%	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%	50%
No Waiting Period	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
	Pulpal therapy	55%	50%
Endodontic Services No Waiting Period	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
Current and Burnthatia Comicas	Removable prosthetic services-dentures and partials**	55%	50%
Crowns and Prosthetic Services, including Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
No Waiting Period	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	\$5	50
	Annual Deductible - Per person / family	\$50/\$150	
Annual Maximum	Per person / per calendar year	\$1,5	500
Contract Length		12 mg	onths

### Pathfinder 3 Rates

Employee	\$39.67
Employee + Spouse	\$76.08
Employee + Child(ren)	\$92.35
Family	\$144.95

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- Guidelines for Pathfinder Plan 3
  A minimum of two employees must enroll.
  Annual deductible does not apply to diagnostic and preventive services.
  Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.

  Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.

<sup>\*</sup>Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.



12-Month Contract

Diagnostic / Preventive Services No Walting Period Does Not Apply to Annual Maximum    Second	ervice	Description	PPO / Premier	OON
No Walting Period Does Not Apply to Annual Maximum  X-rays Fluoride treatments 100% Fluoride treatments 100% Sealants Space maintainers 80% Amalgam (silver) fillings 80% Anterior composite resin fillings 80% Anterior composite resin fillings 80% Simple & Complex Oral Surgery Walting Period - 6 Months Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth, impacted tooth and tooth roots Simple extraction of erupted tooth, impacted tooth and tooth roots Simple extraction of erupted tooth, impacted tooth and tooth roots Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth and tooth roots Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth and tooth roots Simple extraction of erupted tooth and tooth roots Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth and tooth roots Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth or exposed root Simple extraction of erupted tooth and tooth roots Simple extraction of erupted tooth or exposed root Simple extrac		Oral evaluations	100%	100%
Sealants   Sealants   Sealants   Space maintainers   Sow		Cleanings - 2 per year	100%	100%
Sealants Space maintainers Spa	3	X-rays	100%	100%
Space maintainers 80%  Amalgam (silver) fillings 80%  Anterior composite resin fillings 80%  Palliative treatment for emergencies 80%  Simple & Complex Oral Surgery Valting Period - 6 Months 55%  Surgical removal of erupted tooth or exposed root 55%  Surgical removal of erupted tooth, impacted tooth and tooth roots 55%  Pulpal therapy 80%  Root canal therapy 80%  Pulpotomy 80%  Pulpotomy 80%  Pulpotomy 80%  Rosiding Period 56 Services of Walting Period 80%  Rosiding Period 80%  Restorative Services of Walting Period 90%  Restorative Services of Walting Period 90%  Restorative Services of Walting Period 90%  Removable prosthetic services - bridges** 55%  Removable prosthetic services - bridges** 55%  Repairs of removable and fixed prosthetic services** 55%  Implants** 55%  Child Orthodontic Coverage Valting Period - 12 Months 90%  Child orthodontic lifetime maximum \$1,000  Child orthodontic lifetime maximum \$1,000  Child orthodontic coverage for ages 8 to 19 50%  Per person 40%  Annual Deductible - Per person / family \$50/\$150		Fluoride treatments	100%	100%
Amalgam (silver) fillings 80%  Anterior composite resin fillings 80%  Palliative treatment for emergencies 80%  Anterior composite resin fillings 80%  Palliative treatment for emergencies 80%  Anterior composite resin fillings 80%  Palliative treatment for emergencies 80%  Simple & Complex Oral Surgery Valiting Period - 6 Months 55%  Surgical removal of erupted tooth, impacted tooth and tooth roots 55%  Pulpal therapy 80%  Poulpal therapy 80%  Poulpotomy 80%  Poulpotomy 80%  Posterior composite resin fillings 80%  Posterior composite resin fillings 80%  Posterior composite resin fillings 80%  Inlays, onlays, crowns and crown repair* 55%  Removable prosthetic services and partials** 55%  Fixed prosthetic services - bridges** 55%  Removable prosthetic services - bridges** 55%  Implants** 55%  Child Orthodontic Coverage Valiting Period - 12 Months 1000  Child orthodontic lifetime maximum \$1,000  Child orthodontic coverage for ages 8 to 19 50%  Poeductible 1100  Lifetime Deductible - Diagnostic & Preventive Services \$50 (\$100		Sealants	80%	80%
Arterior composite resin fillings 80% Palliative treatment for emergencies 80%  Simple & Complex Oral Surgery (aliting Period - 6 Months  Pulpal therapy 80% Pulpal therapy 80%  Root canal therapy 80% Pulpotomy 80% Pulpotomy 80%  Provinces o Waiting Period 90 Waiting 90 Wa		Space maintainers	80%	80%
Palliative treatment for emergencies 80%  Simple & Complex Oral Surgery (Aiting Period - 6 Months)  Surgical removal of erupted tooth or exposed root 55%  Pulpal therapy 80%  Root canal therapy 80%  Pulpotomy 80%  Pulpotomy 80%  Pulpotomy 80%  Posterior composite resin fillings 80%  Po		Amalgam (silver) fillings	80%	80%
Simple extraction of erupted tooth or exposed root  Surgical removal of erupted tooth, impacted tooth and tooth roots  Pulpal therapy  80%  Root canal therapy  Pulpotomy  80%		Anterior composite resin fillings	80%	80%
Alating Period - 6 Months   Surgical removal of erupted tooth, impacted tooth and tooth roots   55%		Palliative treatment for emergencies	80%	80%
Surgical removal of erupted tooth, impacted tooth and tooth roots 55%  Pulpal therapy 80%  Root canal therapy 80%  Pulpotomy 80%  Pulpotomy 80%  Reriodontic Services to Waiting Period 80%  Regional period 90%  Restorative Services to Waiting Period 90%  Restorative Services of Waiting Period 90%  Removable prosthetic services and partials 90%  Removable prosthetic services - bridges 90%  Removable prosthetic services - bridges 90%  Repairs of removable and fixed prosthetic services 90%  Child orthodontic Coverage 90%  Valting Period - 12 Months 90%  Child orthodontic coverage for ages 8 to 19 90%  Reductible 90%  Lifetime Deductible - Diagnostic & Preventive Services 90%  Annual Deductible - Per person / family \$500/\$150		Simple extraction of erupted tooth or exposed root	55%	50%
Root canal therapy Root canal th	/aiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
Pulpotomy Posterior composite resin fillings Posterior composite r		Pulpal therapy	80%	80%
Periodontic Services No Waiting Period  Posterior composite resin fillings  Posterior composite resing		Root canal therapy	80%	80%
Najor Restorative Services No Waiting Period  Posterior composite resin fillings  Inlays, onlays, crowns and crown repair*  Removable prosthetic services-dentures and partials** Fixed prosthetic services - bridges**  Repairs of removable and fixed prosthetic services**  Solution Orthodontic Coverage Waiting Period - 12 Months  Child Orthodontic Coverage for ages 8 to 19  Child Orthodontic Coverage For person  Annual Deductible - Per person / family  \$50/\$150		Pulpotomy	80%	80%
Inlays, onlays, crowns and crown repair*  Crowns and Prosthetic Services, necluding Bridges and Dentures Vaiting Period - 12 Months  Child Orthodontic Coverage For ages 8 to 19  Child Orthodontic Coverage For person  Child Orthodontic Coverage For person / family  Solvations  Annual Deductible - Per person / family  Solvations  Inlays, onlays, crowns and crown repair*  55%  Removable prosthetic services-dentures and partials**  55%  Fixed prosthetic services - bridges**  55%  Repairs of removable and fixed prosthetic services**  55%  Child Orthodontic lifetime maximum  \$1,000  Child orthodontic coverage for ages 8 to 19  Solvations  Solvation		Surgical and non surgical periodontic services	80%	80%
Removable prosthetic services-dentures and partials**  Fixed prosthetic services - bridges**  Repairs of removable and fixed prosthetic services**  S5%  Repairs of removable and fixed prosthetic services**  Child Orthodontic Coverage Waiting Period - 12 Months  Child orthodontic lifetime maximum  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family  \$50%		Posterior composite resin fillings	80%	80%
Fixed prosthetic services - bridges**  Fixed prosthetic services - bridges**  Fixed prosthetic services - bridges**  Repairs of removable and fixed prosthetic services**  S5%  Implants**  Child Orthodontic Coverage Vaiting Period - 12 Months  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family  \$50/\$150		Inlays, onlays, crowns and crown repair*	55%	50%
Fixed prosthetic services - bridges**  Fixed prosthetic services - bridges**  Repairs of removable and fixed prosthetic services**  Implants**  Child Orthodontic Coverage Vaiting Period - 12 Months  Child orthodontic lifetime maximum  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family  \$55%    \$56%   \$5	various and Durathatia Camilana	Removable prosthetic services-dentures and partials**	55%	50%
Repairs of removable and fixed prosthetic services** 55%  Implants** 55%  Child Orthodontic Coverage Vaiting Period - 12 Months  Child orthodontic coverage for ages 8 to 19 50%  Child orthodontic coverage for ages 8 to 19 50%  Child orthodontic Preventive Services Per person Annual Deductible - Per person / family \$50/\$150	ncluding Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
Child Orthodontic Coverage Vaiting Period - 12 Months  Child orthodontic lifetime maximum  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family \$50/\$150	/aiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%	50%
Child Orthodontic Coverage Vaiting Period - 12 Months  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family \$50/\$150		Implants**	55%	50%
Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Child orthodontic coverage for ages 8 to 19  Lifetime Deductible - Diagnostic & Preventive Services Per person  Annual Deductible - Per person / family \$50/\$150	child Orthodontic Coverage	Child orthodontic lifetime maximum	\$1,000	
Per person \$50  Annual Deductible - Per person / family \$50/\$150		Child orthodontic coverage for ages 8 to 19	50%	
· · · · · · · · · · · · · · · · · · ·	eductible	•	\$50	
Annual Maximum Per person / per calendar year \$1,500		Annual Deductible - Per person / family	\$50/\$1	50
The person, person years	nnual Maximum	Per person / per calendar year	\$1,50	0

#### Pathfinder 4 Rates

Employee	\$46.27
Employee + Spouse	\$88.77
Employee + Child(ren)	\$108.91
Family	\$169.18

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier $^{\circ}$ 

\*Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.

- A minimum of two employees must enroll.

  Annual deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs, prosthetics and orthodontics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
  Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.



24-Month Contract

Service	Description	PPO / Premier	OON
	Oral evaluations	100%	100%
Diagnostic / Preventive Services	Cleanings - 2 per year	100%	100%
No Waiting Period	X-rays	100%	100%
	Fluoride treatments	100%	100%
	Sealants	80%	80%
	Space maintainers	80%	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%	80%
	Anterior composite resin filling	80%	80%
	Palliative treatment for emergencies	80%	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%	50%
Waiting Period - 6 Months	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
	Pulpal therapy	80%	80%
Endodontic Services No Waiting Period	Root canal therapy	80%	80%
	Pulpotomy	80%	80%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	80%	80%
Major Restorative Services No Waiting Period	Posterior composite resin filling	80%	80%
	Inlays, onlays, crowns and crown repair*	55%	50%
Crowns and Prosthetic Services,	Removable prosthetic services-dentures and partials**	55%	50%
including Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
Waiting Period - 12 Months	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
Deductible	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person	See Guidelines Below	
	Lifetime Deductible - Per person / family	\$100/\$300	
Annual Maximum	Per person / per calendar year	\$1,500	
Contract Length		24 mon	iths

#### Pathfinder 5 Rates

Employee	\$44.49
Employee + Spouse	\$85.48
Employee + Child(ren)	\$101.77
Family	\$158.84

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- A minimum of two employees must enroll. Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs and prosthetics. See above for plan
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
  Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference
- between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.

<sup>\*</sup>Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.



**12-Month Contract** 

Service	Description	PPO / Premier	OON
	Oral evaluations	100%	100%
Diagnostic / Preventive Services	Cleanings - 2 per year	100%	100%
No Waiting Period	X-rays	100%	100%
	Fluoride treatments	100%	100%
	Sealants	80%	80%
	Space maintainers	80%	80%
Basic Restorative Services No Waiting Period	Amalgam (silver) fillings	80%	80%
	Anterior composite resin filling	80%	80%
	Palliative treatment for emergencies	80%	80%
Simple & Complex Oral Surgery	Simple extraction of erupted tooth or exposed root	55%	50%
No Waiting Period	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
	Pulpal therapy	80%	80%
Endodontic Services No Waiting Period	Root canal therapy	80%	80%
	Pulpotomy	80%	80%
Periodontic Services No Waiting Period	Surgical and non surgical periodontic services	80%	80%
Major Restorative Services No Waiting Period	Posterior composite resin filling	80%	80%
	Inlays, onlays, crowns and crown repair*	55%	50%
Construction of Describer 1 in Constitution	Removable prosthetic services-dentures and partials**	55%	50%
Crowns and Prosthetic Services, ncluding Bridges and Dentures	Fixed prosthetic services - bridges**	55%	50%
No Waiting Period	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
Deductible	Lifetime Deductible - Diagnostic & Preventive Services Per person	See Guidelin	es Below
	Lifetime Deductible - Per person / family	\$100/\$300	
Annual Maximum	Per person / per calendar year	\$1,500	
Contract Length		12 mon	ths

#### Pathfinder 6 Rates

Employee	\$41.15
Employee + Spouse	\$79.08
Employee + Child(ren)	\$94.16
Family	\$146.94

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

- A minimum of two employees must enroll.

  Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- Annual open enrollment.
  Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference
- between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

  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.

<sup>\*</sup>Pin post core and crown build up not covered.
\*\*A 24-month missing tooth clause applies to prosthetic services.

### Contact Us or Visit Us Online

#### DeltaDentalMN.org

#### **Small Business Sales:**

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-800-906-5250

DeltaDentalMN.org/agents

Deltadentalconnect@deltadentalmn.org

#### **Large Client Sales:**

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

#### **Individual and Family Dental Plans:**

- Plan descriptions
- Sales & enrollment assistance

1-866-764-5350

DeltaDentalMN.org/shop

Sales@deltadentalmn.org

#### **Employer Services:**

Additional Resources - Enrollment and Billing

- Employee benefits
- Enrollment
- Claims status
- Billing
- Employer Services Portal

1-866-318-9449

7 a.m.-7 p.m. CST/CDT



### Eligibility Address

Delta Dental of Minnesota Attn: Enrollment Department P.O. Box 30416 Lansing, MI 48909-7916

Eligibility@mydeltadental.com

#### **Corporate Address**

Delta Dental of Minnesota 500 Washington Avenue South Suite 2060 Minneapolis, MN 55415

## Just A Click Away at DeltaDentalMN.org

#### **Tools to Assist Your Clients**

- Product brochures
- Forms
- Answers to frequently asked questions deltadentalmn.org/frequently-asked-questions

#### The Delta Dental Difference

- Dental expertise
- Superior service
- Largest networks
- Exceptional savings

### DeltaDentalMN.org

500 Washington Avenue South Suite 2060 Minneapolis, MN 55415



**Delta Dental of Minnesota** 

1 US Department of Health and Human Services, Centers of Disease Control and Prevention, Hours Lost to Planned and Unplanned Dental Visits Among US Adults, January 11, 2018; https://www.cdc.gov/pcd/issues/2018/17\_0225.html

2 Delta Dental Plans Association, 2018

3 Delta Dental Plans Association, 2021

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