

State of Minnesota Employees & Retirees

Plan Benefit Highlights		
Service & Description*	State Dental Plan	Non-Participating**
Calendar Year Plan Maximum Does not apply to Diagnostic & Preventive, and Orthodontic Services	\$2,200 per person	
Lifetime Ortho Maximum	\$3,000 per person	
Deductible Per person / per family per calendar year No deductible for diagnostic and preventive services or orthodontics	\$50/person \$150/family	\$125/person
Covered Services	Dental Benefit Plan Coverage	
Service & Description*	State Dental Plan	Non-Participating**
Diagnostic & Preventive Services Exams Exams Cleanings X-rays Fluoride treatments Space Maintainers Sealants	100%	50% of maximum allowable fee**
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	50% of maximum allowable fee**
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	50% of maximum allowable fee**
Periodontics Surgical/Nonsurgical periodontics	80%	50% of maximum allowable fee**
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	50% of maximum allowable fee**
Major Restorative Crowns Composite resin restorations (white fillings) on posterior (back) teeth	80%	50% of maximum allowable fee**
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	80%	50% of maximum allowable fee**
Prosthetics Dentures (full and partial) Bridges Dental implants	80%	50% of maximum allowable fee**
Orthodontics Treatment for the prevention/correction of malocclusion	80%	50% of maximum allowable fee**

*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 State Dental Plan Summary of Benefits.

**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. While you are free to visit any dentist, we encourage you to visit a State Dental Plan dentist to receive the higher level of benefits and to avoid additional out-of-pocket costs.

A DELTA DENTAL

Make the Most of Your Benefits

Thank you for choosing State Dental Plan – Delta Dental as your partner in oral health. Below are resources to help you make the most of your dental benefits utilizing our digital tools, in-network dentists, and best-in-class customer service.



Digital resources to manage your benefits

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The website landing page, Member Portal, and Mobile App provide 24/7 access to tools for members to self-serve. The Member Portal and Mobile App use a single sign on between the platforms, meaning only one username and password are needed for both!

DeltaDentalMN.org/segip





Member Portal and mobile app features:

- Claim details
- Find a dentist

Digital ID card

- Coverage details
- Cost estimator
- Digital Explanation of Benefits (EOB) Available exclusively on the Member Portal



Find a dentist <u>DeltaDentalMN.org/find-a-dentist</u>

Our Find a Dentist tool helps you find a dentist that fits your preferences and accessibility. You can also verify your current dentist's network participation. You have the freedom to see any dentist – there are no requirements for you to pre-select a dentist and no referral authorizations are ever needed.

Seeking care from a State Dental Plan in-network dentist will save you the most money because the dentist cannot charge you more than our allowable fee for services covered under your plan. This can result in lower out-of-pocket costs. In-network providers will file the claim for you.

If dental services are received from an out-of-network dentist, your out-of-pocket costs will be greater and you will be responsible for paying the difference between the maximum allowable amount and what the dentist charges. You may responsible for submitting your own claim. The address to submit claims is on the back of your Delta Dental ID card. Reimbursement for covered services will be paid directly to you.

Pre-Treatment Estimate: Request your dentist submit a pre-treatment estimate to Delta Dental of Minnesota for determination of benefits and financial responsibility prior to the service. A Pre-Treatment Estimate of Benefits statement will be sent to you and your dentist.



Contact us

Phone: 1-800-553-9536

7a.m. - 7p.m., M-F CST

Our customer service team can assist members with the following topics:

Questions on coverage:

- Benefits and eligibility
- Claim status
- Explanation of Benefits (EOB) details

Digital access:

- Find a Dentist tool
- Website navigation
- Member Portal questions



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The Power of Smile[™]

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



Delta Dental of Minnesota

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