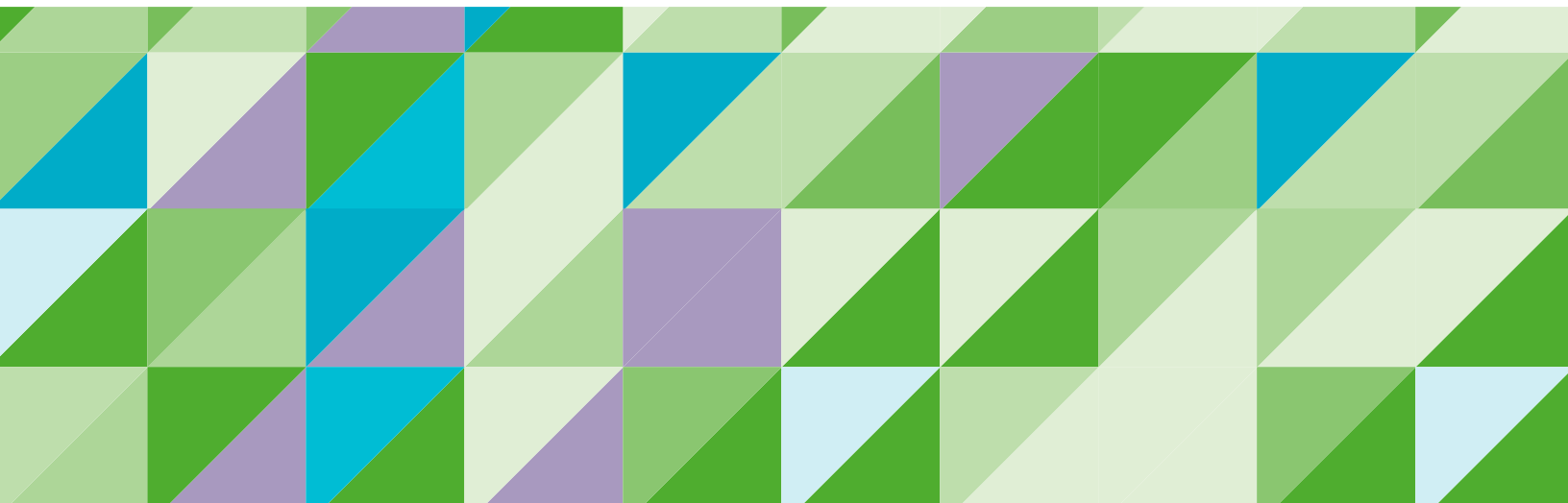


Are you ready to turn the page to 2017?



Delta Dental of Minnesota



Delta Dental of Minnesota is the largest regional provider of dental benefits and one of the largest in the nation.



We are proud to serve Minnesota and North Dakota.



Our directly contracted—not leased—dental provider networks include nearly 9 out of 10 licensed, practicing dentists in Minnesota.



The effective discounts that come from seeing a Delta Dental network dentist are unmatched by our competitors and equal greater savings for our members and employer groups.



We serve 13 of Minnesota's 17 Fortune 500 Companies and many of North Dakota's largest companies, including over 6,500 Minnesota- and North Dakota-based purchasing groups and nearly 4 million members nationwide.



And we are proud that, year after year, we continue to retain over 97% of our customers!

That's our Delta Dental Difference.

A healthy smile is a powerful thing; it deserves Delta Dental.

Contact Us

Delta Dental ConnectSM for Small Group Sales (5-199 Eligible Employees):



651-406-5920 or Toll Free at 1-800-906-5250



www.DeltaDentalMN.org



deltadentalconnect@deltadentalmnadmin.org


Delta Dental Individual and Family Plans



1-866-764-5350



www.DeltaDentalMN.org/Shop



It's that time of year again: carriers are rolling out new rates for the January 1st enrollment period and beyond. While we are of course excited to share our rates (hint-our small (pooled) group rates will be flat next year!) there are also a lot of new and exciting things happening here at Delta Dental of Minnesota that we are thrilled to tell you about.

We hope you'll spend a few minutes reviewing the materials in this packet to re-familiarize yourself with our products and the Delta Dental Difference. In addition, we are also proud to introduce you to some of the great new tools we recently rolled out to make your job easier and help drive more sales, including our new:

- Responsive Broker Rate Calculator offering customizable product quotes
 - Even more streamlined Individual and Family Plan Shop

Want to schedule some time with a Delta Dental representative to learn more about anything in this mailing? Delta Dental Connect, as well as Individual and Family Sales assistance representatives are just a call away. We would love to walk you through our new tools, chat about products or assist you with a quote or enrollment.

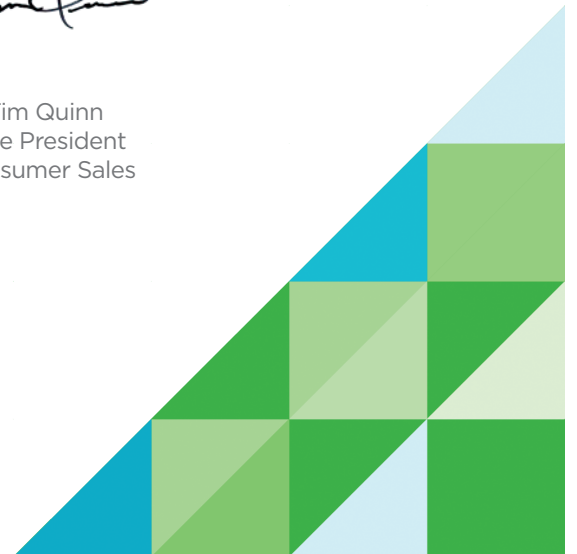
Happy selling,



Chris Earl
Senior Vice President
Sales & Business Development



Tim Quinn
Vice President
Consumer Sales



2017 Small Group Solutions

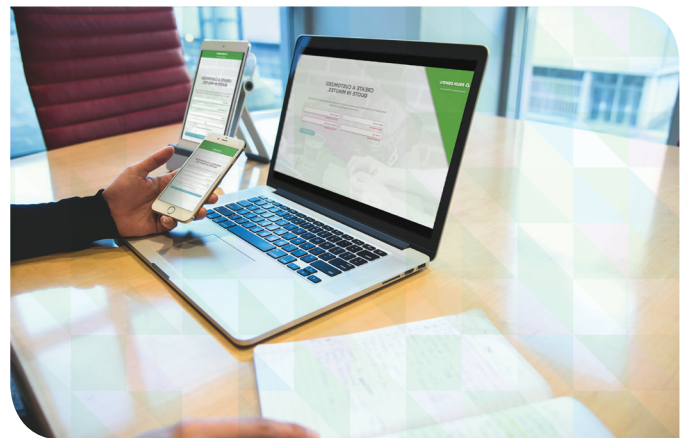
Delta Dental offers employers in Minnesota and North Dakota solutions for groups from two employees to Fortune 500 companies.

We are pleased to announce that there is no rate change for new and renewing business in 2017 for our traditional small group pooled plans. We have updated our network products that have Delta Dental Premier® only access to now include the Delta Dental PPOSM networks. This offers even greater access and cost savings to our groups and their employees.

Quoting your groups is now easier than ever!
Visit DeltaDentalMN.org/broker-rate-calculator

A few highlights of our new Broker Rate Calculator:

- You no longer need a username and password.
- Generate one or multiple quotes in a single proposal
- The number of eligible employees and zip code filters return only the available product offerings for your group size and location
- You can utilize customizable filters to further narrowly define products or search by product name
- No more clunky pdfs clogging inboxes—simply send the proposal link to your clients
- Optimized for use on tablets and mobile devices
- And it's pretty cool looking too, if we do say so ourselves



Want to learn more? We have a video tutorial of the new Broker Rate Calculator and a companion instructional pdf for you online; or you can always schedule a demo with our Delta Dental Connect team by calling 1-800-906-5250.

Looking to quote a group with 2-5 eligible employees? Our Pathfinder Dental plan is available and feature Pathfinder Value and Flex Plans exclusively marketed and sold by Direct Benefits, visit www.DirectBenefits.com for more information.

New for Individual and Family Plans

Did you know Delta Dental of Minnesota offers 5% commission on Individual and Family plan sales? And they are now easier than ever to sell!

If you have sold Delta Dental of Minnesota Individual and Family Plans, look for an email next week with your newly assigned individualize broker link. This link is customized to you and will track your sales and commissions through the redesigned Individual and Family shop, opening the first week in October.

The new online store includes our popular traditional plans, including a preventive plan starting as low as \$25.95 per month to our more robust, comprehensive plan that includes orthodontia. We also offer health care reform certified plans, along with pediatric dental plans, that can be purchased as stand-alone products on the store.

Delta Dental of Minnesota is also pleased to announce that, effective October 1, 2016, we will implement system enhancements to our individual and family line of business. The system enhancements involve changing the administration of our individual and family plans to a new technology vendor that offers technological improvements and long-term efficiencies for this unique line of business.

This investment in our business technology allows Delta Dental of Minnesota to evolve with our individual and family customers' changing health benefit needs in new, more flexible ways as we remain tasked to adapt quickly to the changing healthcare environment introduced by the Affordable Care Act.

Please note that the administration of our group business remains unchanged. Accordingly, if you sell both individual and family plans as well as group business, you will receive two commission checks from Delta Dental of Minnesota. There is a minimum commission payment threshold of \$25 and the payment date for commissions will be around the 15th of each month.

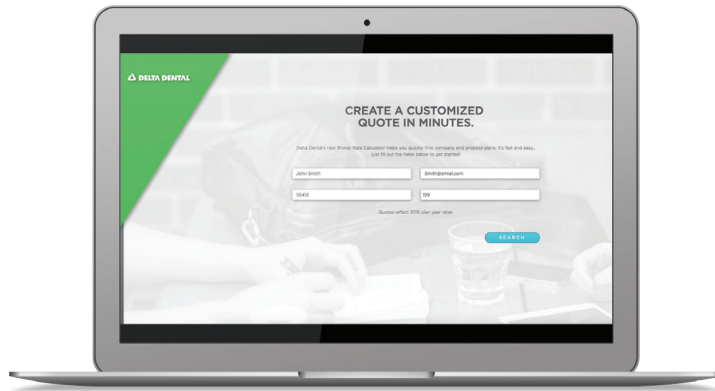
For more on Delta Dental of Minnesota's Individual and Family Plans, visit: DeltaDentalMN.org/Shop



Broker Resources

Check out the New Broker Rate Calculator
at DeltaDentalMN.org/Agents

Rate Calculator makes quoting easier!



Also on the website:



Broker Rate Calculator
to quote your groups



Product brochures



Customizable fliers



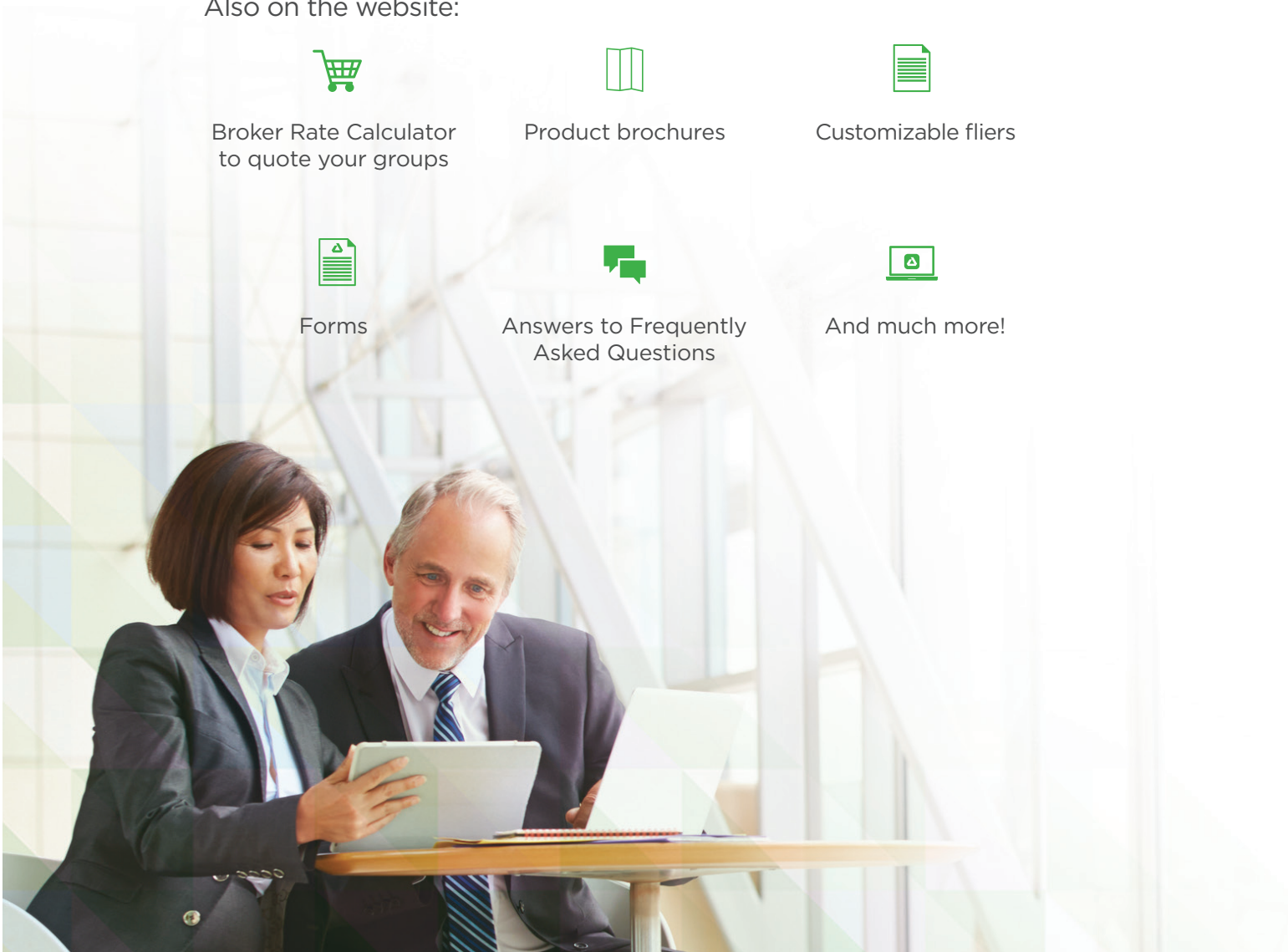
Forms



Answers to Frequently
Asked Questions



And much more!



The Delta Dental Difference

Members know a good dental plan when they see one. When the name on that plan says Delta Dental of Minnesota, it's an immediate testament to quality, value, service, expertise and commitment. In other words, not just a good plan—a great one. We invite you to experience first-hand what the Delta Dental Difference is all about.



Dental Expertise: Stability

Largest dental benefits provider with more than 6,500 Minnesota- and North Dakota-based employer groups and nearly 4 million members nationwide

- A dedicated mission to support better health through oral health



Setting the Standards: Predictability

- 98% member satisfaction with quality of service
- 97% client retention
- 99% claims accuracy with payment within 14 business days
- "A" (excellent) rating by A.M. Best for financial stability since 1999



Largest Network: Reliability

- Delta Dental Networks include approximately 89% of the licensed, practicing dentists in Minnesota
- Over 2,840 participating network dentists in Minnesota
- Over 155,670 participating network dentists nationwide

Network Utilization

With an average of over 90% network utilization in Minnesota and 80% network utilization in North Dakota, Delta Dental delivers savings the competitors simply cannot provide!

Delta Dental PPO SM	Delta Dental Premier [®]	Out-of-Network
104,500 dentists <ul style="list-style-type: none">• large network• lowest out-of-pocket cost• significant discounts• no balance billing• no paperwork	155,670 dentists <ul style="list-style-type: none">• largest network• low out-of-pocket cost• moderate discounts• no balance billing• no paperwork	23,000 dentists <ul style="list-style-type: none">• highest out-of-pocket cost• balance billing• no discounts
Exceptional Savings	Great Savings	No Savings

Other Dental PPO Carriers

Other PPO Networks	Non-Participating Dentists
50,000-85,000 dentists <ul style="list-style-type: none">• discounts• balance billing may apply• paperwork may be required	80,000-155,000 dentists <ul style="list-style-type: none">• balance billing• no discounts

About Us



6,500
Employer Groups



3.8 Million
Members Nationwide



97%
Group Retention
(individually rated)

Delta Dental of Minnesota is the largest regional provider of dental benefits and one of the largest in the nation. As a nonprofit organization, our mission is to be the recognized leader in providing access to quality, affordable dental, health and population management benefits to the communities we serve.



Our Mission

To be the recognized leader in providing access to quality, affordable dental, health benefits and population management to the communities we serve.



Our Vision

To improve health and oral health, access through strategic initiatives.



99.98% Financial accuracy



26,897 Average claims per day



96.64% Inquiries resolved on first call



1.55 days Average claim turnaround



6,596 Average calls per day

Largest National Networks

Delta Dental Premier® is the largest dental network in the country

Participating dentists: 155,670
Office locations: 348,082

Delta Dental PPOSM is our national PPO network

Participating dentists: 104,500
Office locations: 270,437



Largest Minnesota Networks

Delta Dental networks include approximately 89 percent of the licensed, practicing dentists in Minnesota

Participating dentists:
Delta Dental Premier® 2,841
Delta Dental PPOSM 1,870



Large North Dakota Networks

Delta Dental networks include approximately 64 percent of the licensed, practicing dentists in North Dakota

Participating dentists:
Delta Dental Premier® 268
Delta Dental PPOSM 95

Investing In Our Communities

Delta Dental of Minnesota Foundation and Community Affairs awarded \$9,003,500 to 59 organizations in community contributions to support its mission

\$300,000 in corporate sponsorships and donations distributed to 126 organizations

32,000 toothbrushes distributed to underserved children

1,500 patients received free dental care

\$800,000 allocated to assist in dental student loan repayment for service program

Benefits Beyond Dental



Amplifon Hearing Health Care

Amplifon Hearing Health Care, formerly HearPO, is dedicated to helping members hear better. Amplifon offers custom discounted hearing solutions including hearing aids from leading manufacturers.



International Dental Emergency Services

We automatically provide worldwide emergency dental coverage for all group members who travel abroad for business or leisure. Emergency dental services are provided by credentialed dentists located in most major travel destinations.



Effective December 31, 2017, Live Lively™ will no longer be included in Delta Dental of Minnesota benefits.



As of October 1, 2017, Global Emergency Services will not be offered as part of Delta Dental of Minnesota benefits.





Delta Dental of Minnesota

Small Group Solutions

Plans:

Preventive

Comprehensive Standard

Comprehensive Enhanced

Millennium Choice - Standard & Enhanced

Dental Flex



Plans for 2017

Underwriting Guidelines and Participation Requirements

- Groups with 20% or more of eligible employees residing outside Minnesota are subject to underwriting review.
- Employee-only plans are available for groups of 5+.
- Standard coordination of benefits for small group pooled products.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Dental offices/clinics are not eligible.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice. Seasonal or temporary employees are not eligible.
- Groups of any size may request domestic partners coverage (same-sex and/or opposite sex).
- The employer may only select one product for all employees.

In the following products, a minimum of 5 employees must enroll regardless of the group's size or options selected

Preventive, Comprehensive Standard, Comprehensive Enhanced

5-99 Eligible Employees

- | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For groups with 5-99 eligible employees</p> | <ul style="list-style-type: none"> • Annual open enrollment for eligible employees and eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal. • Comprehensive Standard and Comprehensive Enhanced require 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll. • Preventive Plan features 75% of all eligible employees and 75% of eligible dependents not covered under another dental plan must enroll. |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Underwriting Guidelines For Delta Dental Preventive, Comprehensive Standard & Comprehensive Enhanced:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.

Millennium Choice - Standard, Enhanced

5-199 Eligible Employees

- | | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For groups with 5-9 eligible employees</p> | <ul style="list-style-type: none"> • One-time enrollment. • 100% of all eligible employees and 100% of eligible dependents not covered by another dental plan must enroll. |
| <p>For groups with 10-199 eligible employees</p> | <ul style="list-style-type: none"> • Annual open enrollment if 10 or more employees enroll. • Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan. |

Underwriting Guidelines For Millennium Choice:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.

In the following product, only 5 employees need to enroll with no other employee or dependent participation percentage requirements

Dental Flex

5+ Eligible Employees

- | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Program — Dental Flex</p> | <ul style="list-style-type: none"> • Annual open enrollment. • A minimum of 5 employees must enroll. • For new groups not covered by an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid comparable basic and major coverage, all waiting periods are waived at implementation. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage: If 90% of the enrolling group is covered under the previous dental plan, all waiting periods are waived. |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Underwriting Guidelines For Dental Flex:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment.
- Lower premiums are offered if the employer's contribution is 50% or greater.

Preventive, Comprehensive Standard, Comprehensive Enhanced **5-99 Eligible Employees**

Network(s)	Employer Contribution	Employer Selection(s)
Delta Dental PPO SM Delta Dental Premier [®]	Contributory or Voluntary Participation Guidelines Apply	1 Plan with choice of deductible, annual maximum and orthodontic coverage
For groups with 5-99 eligible employees	<ul style="list-style-type: none"> Annual open enrollment for eligible employees and eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal. Comprehensive Standard and Comprehensive Enhanced feature 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll. Preventive Plan require 75% of all eligible employees and 75% of eligible dependents not covered under another dental plan must enroll. 	

Underwriting Guidelines for Delta Dental Preventive, Comprehensive Standard & Comprehensive Enhanced:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.

Service	Description	Benefit		
		Preventive Plan	Standard	Enhanced
Comprehensive Plan				
Diagnostic and Preventive Service	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100%	100%	100%
Other Preventive Services	Space maintainers	100%	80% after deductible	100%
Basic Service	Basic Restorative Care and Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	N/A	80%	80%
	Basic Oral Surgery Services Basic extraction of erupted tooth or exposed root		80%	80%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted tooth and tooth roots		80%	80%
	Other Complex Oral Surgical Procedures Alveoplasty, vestibuloplasty, frenulectomy, tooth reimplantation		N/A	80%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services		80%	80%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy		80%	80%
	Complex Endodontic Services Hemisection, apicoectomy		N/A	80%
	Basic Periodontal Services Non-surgical periodontal care		80%	80%
Complex or Major Restorative Services	Complex Surgical Periodontal Care Surgical periodontal care		80%	80%
	Posterior composite resins	N/A	alternate treatment [†]	50%
	Inlays		alternate treatment [†]	alternate treatment [†]
	Onlays, crowns and crown repairs		50%	50%
	Restorative cast post and core buildup, including pins and posts for crowns		N/A	50%
	Prosthetic Services Removable prosthetic services - dentures and partials	N/A	50%**	50%
	Fixed prosthetic services - bridges		50%**	50%
	Restorative cast post and core buildup, including pins and posts for bridge		N/A	50%
Repairs - removable and fixed prosthetic service		50%	50%	
Implants		50%**	50%	
Deductible	Per person/per family (calendar year) No deductible for diagnostic and preventive services	None	\$25/\$75 or \$50/\$150	\$25/\$75 or \$50/\$150
Co-payment		\$10 per office visit	N/A	N/A
Annual Plan Maximum Per person/per calendar year	5 to 49 enrolled employees		\$1,000 or \$1500	\$1,000
	50 or more enrolled employees	\$1,000		\$1,250
Optional Orthodontic Coverage	A minimum of 5 enrolled employees required. Available only for dependent children, age 8-18	N/A	50% \$1,000 lifetime maximum	

Members who receive services from non-Delta Dental network dentists are covered at the same benefit level as those who see Delta Dental Premier network participating 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. [†]Alternate Treatment: Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. ^{**}Missing-tooth exclusion applies during the first 24 months of coverage. **Claim payments are subject to review. We strongly recommend a pre-estimate for implants and all major services. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.**

Millennium Choice - Standard, Enhanced

5-199 Eligible Employees

Network(s)

Delta Dental PPOSM
Delta Dental Premier[®]

Employer Contribution

Contributory or Voluntary
Participation Guidelines Apply

Employer Selection(s)

1 Plan, dual option, with choice
of deductible and orthodontic coverage

For groups with 5-9 eligible employees	<ul style="list-style-type: none"> One-time enrollment. 100% of all eligible employees and 100% of eligible dependents not covered by another dental plan must enroll.
For groups with 10-199 eligible employees	<ul style="list-style-type: none"> Annual open enrollment if 10 or more employees enroll. Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan with a minimum of 10 employees enrolled.

Underwriting Guidelines For Millennium Choice:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.

Service	Description	Benefit					
		Standard Benefit Plan			Enhanced Benefit Plan		
		Plan Option I	Plan Option II		Plan Option I	Plan Option II	
		PPO SM	Premier [®]	Premier [®]	PPO SM	Premier [®]	Premier [®]
Diagnostic and Preventive Service	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100%	80%	100%	100%	80%	100%
Other Preventive Services	Space maintainers	90%	50%*	80%*	100%	80%	100%
Basic Service	Basic Restorative Care and Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	90%	50%	80%	90%	50%	80%
	Basic Oral Surgery Services Basic extraction of erupted tooth or exposed root	100%	50%	80%	100%	50%	80%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted tooth and tooth roots	80%	80%	80%	80%	80%	80%
	Other Complex Oral Surgical Procedures Alveoloplasty, vestibuloplasty, frenulectomy, tooth reimplantation	N/A	N/A	N/A	80%	80%	80%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services	90%	50%	80%	90%	50%	80%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	80%	50%	50%	80%	50%	50%
	Complex Endodontic Services Hemisection, apicoectomy	N/A	N/A	N/A	80%	50%	50%
	Basic Periodontal Services Non-surgical periodontal care	80%	50%	50%	80%	50%	50%
Complex or Major Restorative Services	Complex Surgical Periodontal Care Surgical periodontal care	80%	50%	50%	80%	50%	50%
	Posterior composite resins	alternate treatment [†]			50%	50%	50%
	Inlays	alternate treatment [†]			alternate treatment [†]		
	Crowns and crown repairs	50%	50%	50%	50%	50%	50%
	Restorative cast post and core buildup, including pins and posts for crowns	N/A	N/A	N/A	50%	50%	50%
	Prosthetic Services Removable prosthetic services- dentures and partials	50%**	50%**	50%**	50%	50%	50%
	Fixed prosthetic services - bridges	50%**	50%**	50%**	50%	50%	50%
	Restorative cast post and core buildup, including pins and posts for bridge	N/A	N/A	N/A	50%	50%	50%
	Repairs - removable and fixed prosthetic service	50%	50%	50%	50%	50%	50%
Implants	50%**	50%**	50%**	50%	50%	50%	
Deductible	Per person/per family (calendar year) No deductible for diagnostic and preventive services	none	\$25/\$75	\$25/75 or \$50/150	none	\$25/\$75	\$25/75 or \$50/150
Annual Plan Maximum	Per person / per calendar year	\$2,000	\$2,000	\$1,000	\$2,000	\$2,000	\$1,000
Optional Orthodontic Coverage	A minimum of 10 enrolled employees required. Available only for dependent children, age 8-18	50% \$1,000, \$1,500 or \$2,000 lifetime maximum					

Members who receive services from Delta Dental PPO network dentists receive the highest cost savings. Members who receive services from Delta Dental Premier network dentists receive less cost savings than those who see Delta Dental PPO network dentists. Members who receive service from non-Delta Dental network dentists are covered at slightly lower benefit levels as those who see 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. [†]Alternate Treatment: Plan members receive the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. *Subject to deductible, **Missing-tooth exclusions applies during the first 24 months of coverage. **Claim payments are subject to review. We strongly recommend a pre-estimate for implants and all major services. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.**

Dental Flex

5+ Eligible Employees

Network(s)
Delta Dental PPOSM
Delta Dental Premier[®]

Employer Contribution
Contributory Or
Voluntary

Employer Selection(s)
1 Plan with choice of annual maximum
and orthodontic coverage

- Program — Dental Flex
- Annual open enrollment.
 - A minimum of 5 employees must enroll.
 - For new groups not covered by an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid comparable basic and major coverage, all waiting periods are initially waived. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage; If 90% of the enrolling group is covered under the previous dental plan, all waiting periods are waived at implementation.

Underwriting Guidelines For Dental Flex:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Lower premiums are offered if the employer's contribution is 50% or greater.

Service	Description	Benefits		
		Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
Diagnostic and Preventive Service	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100% no waiting period	80% no waiting period	80% no waiting period
Basic Service	Basic Restorative Care and Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	80% no waiting period	50% no waiting period	50% no waiting period
6 month waiting period unless noted	Basic Oral Surgery Services Basic extraction of erupted tooth or exposed root	50%	50%	50%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%	50%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	50%	50%	50%
	Basic Periodontal Services Non-surgical periodontal care	50%	50%	50%
	Complex Surgical Periodontal Care Surgical periodontal care	50%	50%	50%
Complex or Major Restorative Services	Posterior composite resins	alternate treatment [†]	alternate treatment [†]	alternate treatment [†]
	12 month waiting period			
	Onlays, crowns and crown repairs (*)	50%	50%	50%
	Prosthetic Services Removable prosthetic services - dentures and partials (**)(**)	50%	50%	50%
	Fixed prosthetic services - bridges(*)(**)	50%	50%	50%
	Repairs - removable and fixed prosthetic service	50%	50%	50%
Deductible	Per person/per family (calendar year) No deductible for diagnostic and preventive services	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Maximum	Per person / per calendar year	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000
Optional Orthodontic Coverage	A minimum of 10 enrolled employees required. Available only for dependent children, age 8-18. No waiting periods for new groups with at least 12 months of prior orthodontic coverage. A 12-month waiting period applies to new groups and new employees without prior orthodontic coverage		50% \$1,000, \$1,500 or \$2,000 lifetime maximum	

[†]Alternate Treatment Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost.*Coverage does not include crown or bridge services such as buildups, pins, posts or cores. **Missing tooth exclusion applies during the first 24- months of coverage. Dental Flex Waiting Periods: For new groups not covered an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid voluntary basic and major coverage, all waiting periods are waived. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage; If 90% of the enrolled group is covered under the previous dental plan all waiting periods are waived. **For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.**

Need Assistance? Visit Us Online or Contact Us

Agent Commission & Contracting:

- Appointments
- Questions related to payment
- Update your ACH information
- Request Forms



1-855-648-1409



DeltaDentalMN.org



ddmnbroker@deltadentalmn.org

Delta Dental Individual and Family Plans

- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance



1-866-764-5350



www.DeltaDentalMN.org/Shop

Contact Delta Dental ConnectSM for Small Group Sales (5-199 Eligible Employees):

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



651-406-5920 or Toll Free at 1-800-906-5250



www.DeltaDentalMN.org



deltadentalconnect@deltadentalmnadmin.org

Delta Dental Large Group Sales:

- Large individually rated proposals
- New ASO proposals down to 51 lives enrolled
- Voluntary fully insured proposals down to 25 lives enrolled



1-877-268-3384



David Anderson: danderson@deltadentalmn.org



Clive West: cwest@deltadentalmn.org



Brenda Metcalf: bmetcalf@deltadentalmn.org

Delta Dental Group Enrollment Department:

PLEASE NOTE: Enrollment / Termination requests
and employee name change

MUST BE SUBMITTED IN WRITING



Electronic Enrollments: 1-800-928-6459

Paper/Manual Enrollments: 1-800-928-5713

**Group Enrollment**

memelig@deltadentalmnadmin.org



Fax: 1-800-821-5946

Delta Dental Group Billing & Accounts Receivable

Remit Payment to:
Delta Dental of Minnesota
NW 5772, PO Box 1450
Minneapolis, MN 55485-5772

Additional Resources:

Employee benefits, eligibility & claims status

Group Customer Service

7am - 7pm CT



651-406-5916 or Toll Free at 1-800-553-9536



Fax: 651-406-5916 or Toll Free at 1-800-553-9536

Eligibility Address

Delta Dental of Minnesota
Attn: Enrollment Department
PO Box 330
Minneapolis, MN 55440-0330

Group Claims Address

Delta Dental of Minnesota
Attn: Dental Claims
PO Box 330
Minneapolis, MN 55440-0330

Corporate Address

Delta Dental of Minnesota
500 Washington Avenue S. Suite 2060
Minneapolis, MN 55415
Fax: 651-406-5978
Toll Free Fax: 1.888.819.6257



Delta Dental of Minnesota



2017 Individual and Family Plans A-D

Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Services Covered Immediately:	Plan A	Plan B	Plan C	Plan D
Diagnostic/Preventive Routine exams and cleanings, including periodontal cleaning- 2 per calendar year, x-rays	100%	80%	100%	100%
Basic Restorative Fillings and sealants	50%	50%	50%**	80%
Oral Surgery Including extractions	50%	50%	N/A	50%
Root Canals Endodontics	50%	50%	N/A	50%
Services Covered After 12 Months*:				
Periodontal Care Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A	50%
Crown and Cast Restorations	50%	50%	N/A	50%
Prosthodontics Dentures, partial dentures and bridges	50%	50%	N/A	50%
Orthodontics (for dependents ages 8 through 18)	N/A	N/A	N/A	50%
Additional Plan Details:				
Annual Coverage Maximum Per Person	\$1,200	\$1,000	\$500	\$1,250
Orthodontics Lifetime Maximum	N/A	N/A	N/A	\$1,000
Annual Deductible Per Person Does not apply to Diagnostic / Preventive	\$50	\$100	\$100	\$50
Utilizes Delta Dental Network(s):	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]

Individual Dental 18+	Plan A (per month)	Plan B (per month)	Plan C (per month)	Plan D (per month)
Single Applicant (you)	\$49.95	\$33.95	\$24.95	\$53.95
Single Applicant +1	\$96.95	\$66.95	\$50.95	\$111.95
Family	\$179.95	\$122.95	\$92.95	\$202.95

So what are you waiting for?

Speak with a licensed representative at
1-866-764-5350 or visit
DeltaDentalMN.org/Shop

PPOSM - Delta Dental PPOSM
 Premier[®] - Delta Dental Premier[®]

*waiting period may be waived with prior comparable coverage
 **3 month waiting period on Basic Services.





Delta Dental of Minnesota

2017 Individual and Family Singular Dental Network 1500

The Benefits of the Singular Dental® Network

The Singular Dental® Plan is built around the Singular Dental Network, a concentrated network of providers within and surrounding the greater Twin Cities metro area. Singular Dental® Plans are for individuals and families living in Minnesota. You must be age 18+ to enroll and may include your spouse as well as dependent children through age 25.

You'll enjoy greater cost savings when seeing a Singular Dental Network provider. As noted in the benefit chart, you are responsible for any charges above the Maximum Allowable Fee when seeing an out-of-network dentist. The Maximum Allowable Fee is the maximum amount we reimburse for a given dental procedure. Singular Dental Network dentists will not charge more than the Maximum Allowable Fee for

preventive, diagnostic and basic restorative services. Out-of-network dentists are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-network dentist.

For example, when you receive a routine check-up from a Singular Dental Network dentist, you incur no out-of-pocket cost. When you receive a routine check-up from a non-network dentist, you are likely to incur out-of-pocket costs. The reason is we will pay 100% of our Maximum Allowable Fee. If your non-network dentist charges more than that fee, you are responsible for paying your dentist the difference. Please review the Singular Dental fee schedule for pricing details.

Coverage	In-Network	Out-of-Network
Diagnostic/Preventive - Routine exams and cleanings - 2 per calendar year, x-rays	100%	100% of maximum allowable fee*
Basic Restorative - Fillings and sealants	75%	50% of maximum allowable fee*
Major Restorative - Crowns, bridges, oral surgery, etc.	we pay a set amount per procedure*	30% of maximum allowable fee*
Annual Deductible Per Person (calendar year, does not apply to diagnostic/preventive services)	\$25	\$25
Annual Plan Maximum Per Person (calendar-year)	\$1,500	\$1,500
Utilizes Delta Dental Network(s):	Singular Dental®	

*Member is responsible to pay dentist charges above the Maximum Allowable fee.

Premiums Per Month	
Single Applicant (you)	\$31.72
Single Applicant +1	\$61.86
Family	\$92.00

So what are you waiting for?

Speak with a licensed representative at **1-866-764-5350** or visit **DeltaDentalMN.org/Shop**



Delta Dental of Minnesota

2017 Pediatric Dental Essential Health Benefits

Certified, stand-alone pediatric dental plans for those under age 19

Pediatric dental coverage for dependents under age 19 is one of ten Essential Health Benefits (EHBs) required under the federal Patient Protection and Affordable Care Act (PPACA). Pediatric dental can be satisfied with purchase of a stand-alone dental plan and Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Pediatric Dental Health Benefits

Pediatric Low

Pediatric High

In-Network

Out-of-Network

In-Network

Out-of-Network

Rates Coming in October!

Adult/Family Plans

Bronze

Silver

Gold

Platinum

Rates Coming in October!

For more information visit: DeltaDentalMN.org/Shop
or call 1-866-764-5350

IN - In-Network OON - Out-of-Network

Members who receive services from non-Delta Dental network dentists are covered at the same benefit levels as those who see Delta Dental PPOSM 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. **Bitewing X-ray series once every 24 months



Delta Dental of Minnesota
Serving North Dakota

Small Group Solutions

Plans:

Comprehensive Standard
Comprehensive Enhanced
Dental Flex



Plans for 2017

Underwriting Guidelines and Participation Requirements

- Groups with 20% or more of eligible employees residing outside North Dakota are subject to underwriting review.
- Employee-only plans are available for groups of 5+.
- Standard coordination of benefits for small group pooled products.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Dental offices/clinics are not eligible.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice. Seasonal or temporary employees are not eligible.
- Groups of any size may request domestic partners coverage (same-sex and/or opposite sex).
- The employer may only select one product for all employees.

In the following products, a minimum of 5 employees must enroll regardless of the group's size or options selected

Comprehensive Standard, Comprehensive Enhanced

5-99 Eligible Employees

Network(s)

Delta Dental PPOSM
Delta Dental Premier[®]

Employer Contribution

Contributory or Voluntary
Participation Guidelines Apply

Employer Selection(s)

1 Plan with choice of deductible, annual maximum and orthodontic coverage

- | | |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>For groups with 5-99 eligible employees</p> | <ul style="list-style-type: none"> • Annual open enrollment for eligible employees and eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal. • Comprehensive Standard and Comprehensive Enhanced feature 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll. |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Underwriting Guidelines for Delta Dental Comprehensive Standard & Comprehensive Enhanced:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.

In the following products, only 5 employees need to enroll with no other employee or dependent participation percentage requirements

Dental Flex

5+ Eligible Employees

- | | |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Program — Dental Flex</p> | <ul style="list-style-type: none"> • Annual open enrollment. • A minimum of 5 employees must enroll. • For new groups not covered by an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid comparable basic and major coverage, all waiting periods are waived at implementation. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage: If 90% of the enrolling group is covered under the previous dental plan, all waiting periods are waived at implementation. |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Underwriting Guidelines For Dental Flex:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Lower premiums are offered if the employer's contribution is 50% or greater.



Delta Dental of Minnesota
Serving North Dakota

North Dakota Small Group Solutions

Comprehensive Standard, Comprehensive Enhanced

5-99 Eligible Employees

Network(s)

Delta Dental PPOSM
Delta Dental Premier[®]

Employer Contribution

Contributory or Voluntary
Participation Guidelines Apply

Employer Selection(s)

1 Plan with choice of deductible, annual maximum and orthodontic coverage

- For groups with 5-99 eligible employees
- Annual open enrollment for eligible employees and eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal.
 - Comprehensive Standard and Comprehensive Enhanced feature 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll.

Underwriting Guidelines for Delta Dental Comprehensive Standard & Comprehensive Enhanced:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.

Service	Description	Benefit	
		Standard	Enhanced
Diagnostic and Preventive Service	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100%	100%
Other Preventive Services	Space maintainers	80% after deductible	100%
Basic Service	Basic Restorative Care and Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	80%	80%
	Basic Oral Surgery Services Basic extraction of erupted tooth or exposed root	80%	80%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted tooth and tooth roots	80%	80%
	Other Complex Oral Surgical Procedures Alveoloplasty, vestibuloplasty, frenulectomy, tooth reimplantation	N/A	80%
	Adjunctive General Services Intravenous conscious and IV sedation with complex surgical services	80%	80%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	80%	80%
	Complex Endodontic Services Hemisection, apicoectomy	N/A	80%
	Basic Periodontal Services Non-surgical periodontal care	80%	80%
	Complex Surgical Periodontal Care Surgical periodontal care	80%	80%
Complex or Major Restorative Services	Posterior composite resins	alternate treatment [†]	50%
	Inlays	alternate treatment [†]	alternate treatment [†]
	Onlays, crowns and crown repairs	50%	50%
	Restorative cast post and core buildup, including pins and posts for crowns	N/A	50%
	Prosthetic Services Removable prosthetic services- dentures and partials	50%**	50%
	Fixed prosthetic services - bridges	50%**	50%
	Restorative cast post and core buildup, including pins and posts for bridge	N/A	50%
	Repairs - removable and fixed prosthetic service	50%	50%
	Implants	50%**	50%
Deductible	Per person / per family (calendar year) No deductible for diagnostic and preventive services	\$25/\$75 or \$50/\$150	\$25/\$75 or \$50/\$150
Annual Plan Maximum	Per person / calendar year	\$1,000 or \$1500	\$1,000 or \$1,250
Optional Orthodontic Coverage	A minimum of 5 enrolled employees required. Available only for dependent children, age 8-18	50% \$1,000 lifetime maximum	

Members who receive services from non-Delta Dental network dentists are covered at the same benefit level as those who see Delta Dental Premier network participating 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. [†]Alternate Treatment: Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. ^{**}Missing-tooth exclusion applies during the first 24 months of coverage. Claim payments are subject to review. We strongly recommend a pre-estimate for implants and all major services. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.

Dental Flex

5+ Eligible Employees

Network(s)

Delta Dental PPOSM
Delta Dental Premier[®]

Employer Contribution

Contributory Or
Voluntary

Employer Selection(s)

1 Plan with choice of annual maximum
and orthodontic coverage

Program — Dental Flex	<ul style="list-style-type: none"> Annual open enrollment. A minimum of 5 employees must enroll. For new groups not covered by an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid comparable basic and major coverage, all waiting periods are initially waived. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage: If 90% of the enrolling group is covered under the previous dental plan, all waiting periods are waived at implementation.
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Underwriting Guidelines For Dental Flex:

- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Lower premiums are offered if the employer's contribution is 50% or greater.




Service	Description	Benefits		
		Delta Dental PPO SM Network	Delta Dental Premier [®] Network	Out-of-Network
Diagnostic and Preventive Service	Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments	100% no waiting period	80% no waiting period	80% no waiting period
Basic Service	Basic Restorative Care and Services Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies	80% no waiting period	50% no waiting period	50% no waiting period
6 month waiting period unless noted	Basic Oral Surgery Services Basic extraction of erupted tooth or exposed root	50%	50%	50%
	Complex Surgical Extractions Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%	50%
	Basic Endodontic Therapy Pulpal therapy, root canal therapy, pulpotomy	50%	50%	50%
	Basic Periodontal Services Non-surgical periodontal care	50%	50%	50%
	Complex Surgical Periodontal Care Surgical periodontal care	50%	50%	50%
Complex or Major Restorative Services 12 month waiting period	Posterior composite resins	alternate treatment [†]	alternate treatment [†]	alternate treatment [†]
	Onlays, crowns and crown repairs (*)	50%	50%	50%
	Prosthetic Services Removable prosthetic services - dentures and partials (**)(**)	50%	50%	50%
	Fixed prosthetic services - bridges(*)(**)	50%	50%	50%
	Repairs - removable and fixed prosthetic service	50%	50%	50%
Deductible	Per person / per family (calendar year) No deductible for diagnostic and preventive services	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Maximum	Per person / per calendar year	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000
Optional Orthodontic Coverage	A minimum of 10 enrolled employees required. Available only for dependent children, age 8-18. No waiting periods for new groups with at least 12 months of prior orthodontic coverage. A 12-month waiting period applies to new groups and new employees without prior orthodontic coverage.	50% \$1,000, \$1,500 or \$2,000 lifetime maximum		

[†]Alternate Treatment Plan member receives the amalgam benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. *Coverage does not include crown or bridge services such as buildups, pins, posts or cores. **Missing tooth exclusion applies during the first 24- months of coverage. Dental Flex Waiting Periods: For new groups not covered an existing dental plan, the published waiting periods apply. For groups that have had at least 12 connective months of employer-paid voluntary basic and major coverage, all waiting periods are waived. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage: If 90% of the enrolled group is covered under the previous dental plan all waiting periods are waived. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.

Need Assistance? Visit Us Online or Contact Us



Agent Commission & Contracting:

- Appointments
- Questions related to payment
- Update your ACH information
- Request Forms

 1-855-648-1409
 www.DeltaDentalMN.org
 ddmnbroker@deltadentalmn.org

Delta Dental Individual and Family Plans

- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance

 1-866-764-5350
 www.DeltaDentalMN.org/Shop





Contact Delta Dental ConnectSM for Small Group Sales (5-199 Eligible Employees):

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

 651-406-5920 or Toll Free at 1-800-906-5250
 www.DeltaDentalMN.org
 deltadentalconnect@deltadentalmnadmin.org

Delta Dental Large Group Sales:



- Large individually rated proposals
- New ASO proposals down to 51 lives enrolled
- Voluntary fully insured proposals down to 25 lives enrolled

 1-877-268-3384
 David Anderson: danderson@deltadentalmn.org
 Clive West: cwest@deltadentalmn.org
 Brenda Metcalf: bmetcalf@deltadentalmn.org

Delta Dental Group Enrollment Department:

PLEASE NOTE: Enrollment/ Termination requests
and employee name change
MUST BE SUBMITTED IN WRITING

 Electronic Enrollments: 1-800-928-6459
 Paper/Manual Enrollments: 1-800-928-5713

Group Enrollment
 memelig@deltadentalmnadmin.org
 Fax: 1-800-821-5946

Delta Dental Group Billing & Accounts Receivable



Remit Payment to:
Delta Dental of Minnesota
NW 5772, PO Box 1450
Minneapolis, MN 55485-5772

Additional Resources:

Employee benefits, eligibility & claims status

Group Customer Service

7am - 7pm CT

 651-406-5916 or Toll Free at 1-800-553-9536
 Fax: 651-406-5916 or Toll Free at 1-800-553-9536

Eligibility Address

Delta Dental of Minnesota
Attn: Enrollment Department
PO Box 330
Minneapolis, MN 55440-0330

Group Claims Address

Delta Dental of Minnesota
Attn: Dental Claims
PO Box 330
Minneapolis, MN 55440-0330

Corporate Address

Delta Dental of Minnesota
500 Washington Avenue S. Suite 2060
Minneapolis, MN 55415
Fax: 651-406-5978
Toll Free Fax: 1.888.819.6257



Delta Dental of Minnesota
Serving North Dakota



2017 Individual and Family Plans A-C

Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Services Covered Immediately:	Plan A	Plan B	Plan C
Diagnostic/Preventive Routine exams, and cleanings, including periodontal cleaning - 2 per calendar year, x-rays	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 12 Months*:			
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
Orthodontics (for dependents ages 8 through 18)	N/A	N/A	N/A
Additional Plan Details:			
Annual Coverage Maximum Per Person	\$1,200	\$1,000	\$500
Orthodontics Lifetime Maximum	N/A	N/A	N/A
Annual Deductible Per Person Does not apply to Diagnostic / Preventive	\$50	\$100	\$100
Utilizes Delta Dental Network(s):	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]

Individual Dental 18+	Plan A (per month)	Plan B (per month)	Plan C (per month)
Single Applicant (you)	\$49.95	\$34.95	\$29.95
Single Applicant +1	\$96.95	\$67.95	\$57.95
Family	\$179.95	\$125.95	\$107.95

So what are you waiting for?

Speak with a licensed representative at
1-866-764-5350 or visit
DeltaDentalMN.org/Shop

PPOSM - Delta Dental PPOSM
Premier[®] - Delta Dental Premier[®]

*waiting period may be waived with prior comparable coverage
**3 month waiting period on Basic Services.





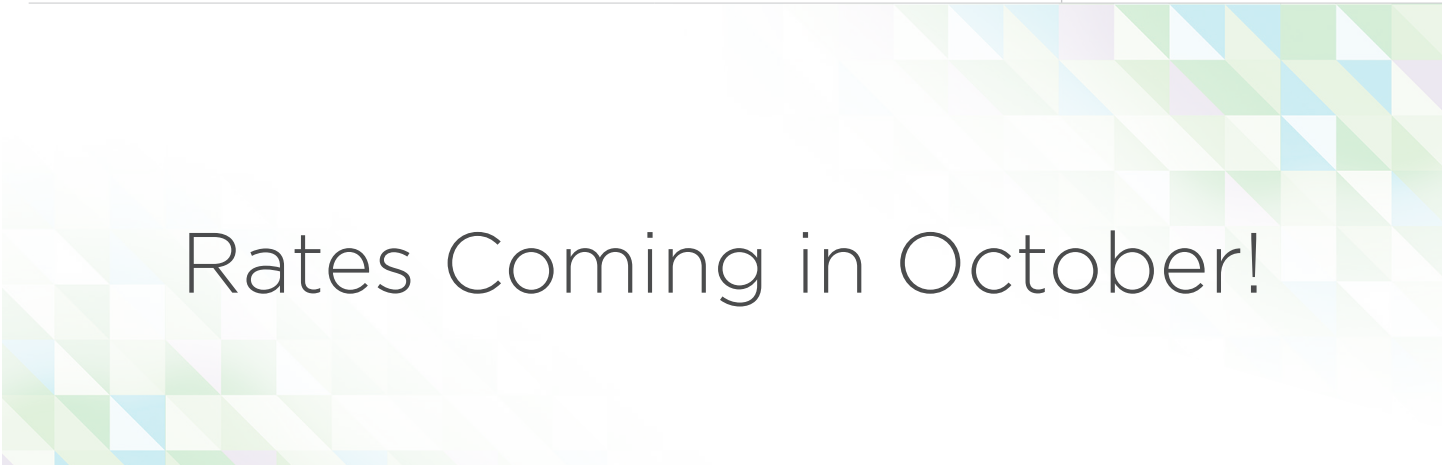
Delta Dental of Minnesota
Serving North Dakota

2017 Pediatric Dental Essential Health Benefits

Certified, stand-alone pediatric dental plans for those under age 19

Pediatric dental coverage for dependents under age 19 is one of ten Essential Health Benefits (EHBs) required under the federal Patient Protection and Affordable Care Act (PPACA). Pediatric dental can be satisfied with purchase of a stand-alone dental plan and Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

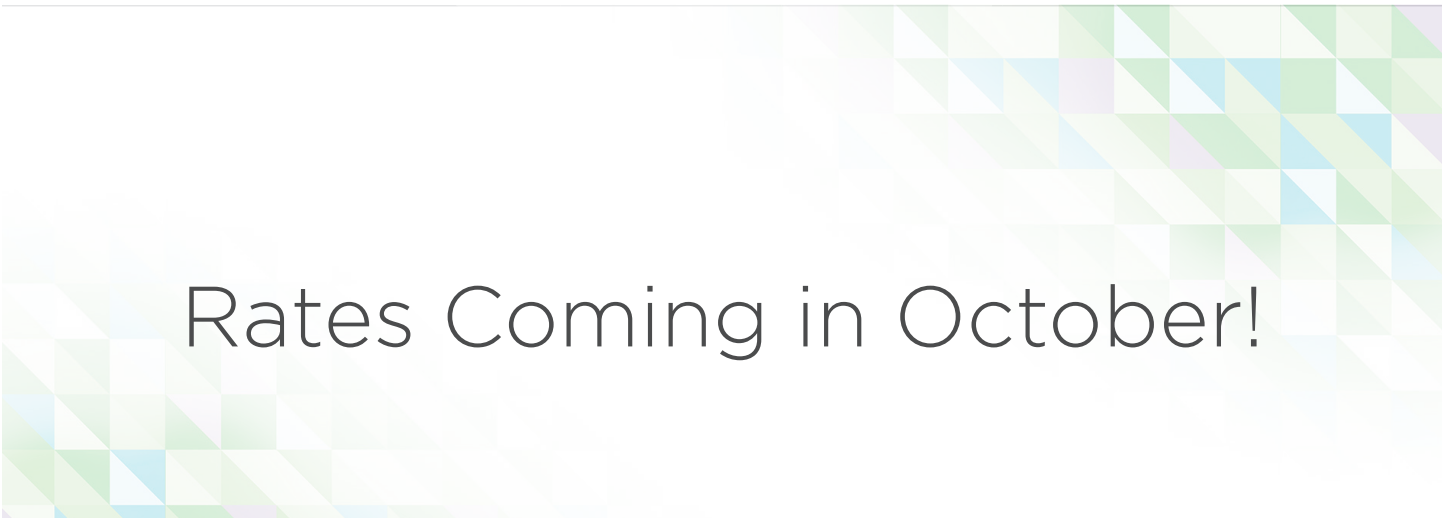
Pediatric Dental Health Benefits	Pediatric Low		Pediatric High	
	In-Network	Out-of-Network	In-Network	Out-of-Network



Rates Coming in October!

Adult/Family Plans	Bronze	Silver	Gold	Platinum
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	IN/OON	IN/OON	IN/OON	IN/OON
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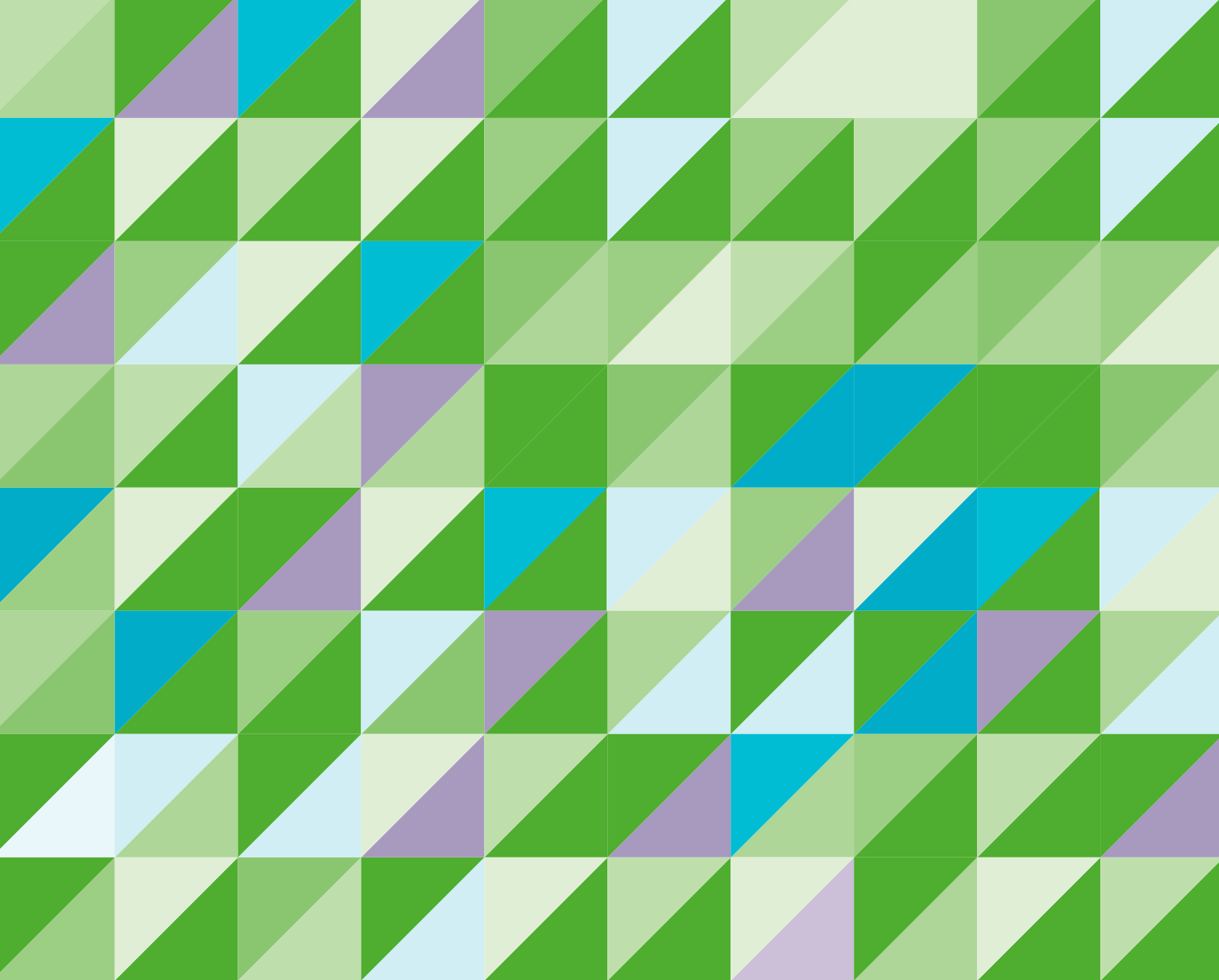


Rates Coming in October!

For more information visit: DeltaDentalMN.org/Shop
or call 1-866-764-5350

IN - In-Network OON - Out-of-Network

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Delta Dental of Minnesota

