2020 Delta Dental Individual and Family™ - Elite Plans

Plans feature:
- Up to 4 cleanings per year, based on your dentist’s recommended treatment
- Preventive services do not apply towards the annual maximum
- With prior, comparable Delta Dental coverage, waiting periods may be waived

<table>
<thead>
<tr>
<th>Elite 3500</th>
<th>Elite 1000</th>
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<tbody>
<tr>
<td>$3,500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>Deductible</strong></td>
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<tr>
<td>$50</td>
<td>$100</td>
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**Services Covered Immediately**
- Cleanings including periodontal maintenance (up to 4 per year)
- Exams (up to 2 per year)
- Sealants and fluoride (for children)

**Services Covered After 6 Months**
- Periodontal (gum) care
- Fillings (white-composite)
- Root canals, oral surgery, and crowns
- Dentures and bridges

**Networks**
- Delta Dental PPO™
- Delta Dental Premier®

<table>
<thead>
<tr>
<th>Elite 3500</th>
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<tbody>
<tr>
<td>$57.37</td>
<td>$31.94</td>
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<tr>
<td>per member per month</td>
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</table>

Children under age three are covered at no additional cost

Not sure which plan is right for your unique needs?
Visit DeltaDentalMN.org/Shop | Call 1-866-764-5350

Schedule conversation | Speak with a licensed agent
Chat with a licensed agent | Enroll over the phone
Email plan details

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.

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2020 Delta Dental Individual and Family™ - Elite 3500

Elite 3500 features:
- Up to 4 cleanings per year, based on your dentist’s recommended treatment
- Preventive services do not apply towards the annual maximum
- With prior, comparable Delta Dental coverage, waiting periods may be waived

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<tr>
<td>$50</td>
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<tr>
<td>plan year maximum per person per year</td>
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Services Covered Immediately
- Cleanings including periodontal maintenance (up to 4 per year)
- Exams (up to 2 per year)
- Sealants and fluoride (for children)
  Preventive services do not count toward annual maximum and the deductible is waived

**Services Covered After 6 Months
- Periodontal (gum) care
- Fillings (white-composite)
- Root canals, oral surgery, and crowns
- Dentures and bridges

*Networks
- Delta Dental PPO™
- Delta Dental Premier®

$57.37
per member per month
Children under age three are covered at no additional cost

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Visit DeltaDentalMN.org/Shop
Call 1-866-764-5350
- Schedule conversation
- Chat with a licensed agent
- Email plan details

*Care from an out-of-network dentist is not covered by these plans
**Waiting periods may be waived with prior, comparable Delta Dental coverage
All plans require annual contract

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2020 Delta Dental Individual and Family™ - Elite 1000

Elite 1000 features:
• Up to 4 cleanings per year, based on your dentist’s recommended treatment
• Preventive services do not apply towards the annual maximum
• With prior, comparable Delta Dental coverage, waiting periods may be waived

Elite 1000

<table>
<thead>
<tr>
<th>$1,000</th>
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<tbody>
<tr>
<td>Plan Year Maximum</td>
<td>Deductible</td>
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<tr>
<td>per person per year</td>
<td>per person per year</td>
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Services Covered Immediately
• Cleanings including periodontal maintenance (up to 4 per year)
• Exams (up to 2 per year)
• Sealants and fluoride (for children)

Preventive services do not count toward annual maximum and the deductible is waived

**Services Covered After 6 Months
• Periodontal (gum) care
• Fillings (white-composite)
• Root canals, oral surgery, and crowns
• Dentures and bridges

*Networks
• Delta Dental PPO™
• Delta Dental Premier®

$31.94
per member per month

Children under age three are covered at no additional cost

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