



Individual and Family Singular

Delta Dental of Minnesota

Experience the Delta Dental Difference

- No waiting periods—you have full benefits the day your coverage begins.
- See any dentist, but enjoy the greatest savings at a SingularDental Network provider.
- By seeing SingularDental Network providers, Delta Dental members enjoy lower out-of-pocket costs for services rendered and 100% coverage for routine check-ups.

SingularDental® Plans are built around the SingularDental Network, a concentrated network of providers within and surrounding the greater Twin Cities metro area. SingularDental features two plans – one offering greater coverage and one offering lower premiums.

SingularDental 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.

Coverage	Plan 1		Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic/Preventive – Routine exams and cleanings, - once every 6 months	100%	100% maximum allowable fee*	100%	100% of maximum allowable fee*
Basic Restorative – Fillings and sealants	75%	50% of maximum allowable fee*	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*	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)	\$50	\$50	\$25	\$25
Annual Plan Maximum Per Person (calendar-year)	\$750	\$750	\$1,500	\$1,500
Utilizes Delta Dental Network(s):	Singular	Singular	Singular	Singular

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

Premiums Per Month	Plan 1	Plan 2
Single Applicant (you)	\$26.05	\$31.72
Single Applicant +1	\$50.80	\$61.86
Family	\$75.55	\$92.00

The Benefits of the SingularDental Network

You'll enjoy greater cost savings when seeing a SingularDental 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. SingularDental 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 SingularDental 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 SingularDental fee schedule for pricing details.

So what are you waiting for?

Speak with a licensed representative at
1-866-764-5350 or visit
ThePowerOfSmile.com

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Fee Schedule for Services By In-Network Dentists

(Out-of-network major services will be reimbursed at 30% of the maximum allowable amount)

Since this is only a schedule of fees, you should refer to your benefit booklet for a complete list of covered services, frequencies, limitations and exclusions.

Basic Endodontic Services (Nerve or Pulp Treatment)

Pulpal therapy - anterior, primary	\$48.25
Pulpal therapy - posterior, primary	\$54.25
Root canal therapy anterior (excluding final restoration)	\$185.65
Root canal therapy bicuspid (excluding final restoration)	\$223.60
Root canal therapy molar (excluding final restoration)	\$289.65
Retreatment of root canal therapy - anterior	\$261.50
Retreatment of root canal therapy - bicuspid	\$301.05
Retreatment of root canal therapy - molar	\$360.50

Periodontics (Gum & Bone Treatment)

Basic Non Surgical Periodontal Care

Periodontal scaling & root planing (4+ teeth) – Covered 1 time per 36 months	\$66.15
Periodontal scaling & root planing (1-3 teeth) – Covered 1 time per 36 months	\$39.70
Full mouth debridement – Covered 1 time per lifetime	\$42.25

Complex Surgical Periodontal Care

Gingivectomy/gingivoplasty (4+ teeth, per quad)	\$138.10
Gingivectomy/gingivoplasty (1-3 teeth, per quad)	\$42.90
Gingival flap	\$165.80
Apically positioned flap	\$97.95
Osseous surgery (4+ teeth, per quadrant)	\$265.90
Osseous surgery (1-3 teeth, per quadrant)	\$220.70
Bone replacement graft - first site in quad	\$92.00
Bone replacement graft - each additional site in quad	\$51.40
Pedicle soft tissue graft	\$233.35
Free soft tissue graft	\$221.05
Subepithelial connective tissue graft	\$221.05
Distal/proximal wedge procedure	\$68.55
Soft tissue allograft	\$233.35
Combined connective tissue & double pedicle graft	\$310.75

Oral Surgery (Tooth, Tissue, or Bone Removal)

Basic Extractions

Extraction of erupted tooth or exposed root	\$38.00
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Complex Surgical Extractions

Surgical removal of erupted tooth	\$78.90
Removal of impacted tooth - soft tissue	\$84.00
Removal of impacted tooth - partially bony	\$105.05
Removal of impacted tooth -completely bony	\$121.55
Removal of impacted tooth -completely bony, w/ unusual surgical complications	\$153.15
Surgical removal of residual tooth roots (cutting procedure)	\$78.90

Other Complex Surgical Procedures

Alveoloplasty in conjunction with extractions - per quad	\$69.10
Alveoloplasty not in conjunction with extractions - per quad	\$139.95
Vestibuloplasty	\$398.85

Complex or Major Restorative Services

Onlays and/or Permanent Crowns

Onlay - metallic, two surfaces	\$240.40
Onlay - metallic, three surfaces	\$251.30
Onlay - metallic, four+ surfaces	\$268.00
Onlay - porcelain/ceramic, two surfaces	\$277.95
Onlay - porcelain/ceramic, three surfaces	\$306.00
Onlay - porcelain/ceramic, four+ surfaces	\$315.70
Onlay - resin based composite, two surfaces	\$189.00
Onlay - resin based composite, three surfaces	\$204.40
Onlay - resin based composite, four+ surfaces	\$336.00
Crown - resin (indirect)	\$118.90
Crown - resin with high noble metal	\$234.55
Crown - resin with predominantly base metal	\$237.90
Crown - resin with noble metal	\$250.05
Crown - porcelain/ceramic substrate	\$315.10
Crown - porcelain fused to high noble metal	\$284.05
Crown - porcelain fused to predominantly base metal	\$261.95
Crown - porcelain fused to noble metal	\$281.90
Crown - full cast high noble metal	\$281.25
Crown - full cast predominantly base metal	\$247.90
Crown - full cast noble metal	\$266.20
Recement inlay	\$23.75
Recement crown	\$24.40

Prosthetic Services (Dentures, Partial, and Bridges)

Removable Prosthetic Services (Dentures and Partial)

Complete denture - maxillary	\$415.10
Complete denture - mandibular	\$408.30
Immediate denture - maxillary	\$444.90
Immediate denture - mandibular	\$443.95
Maxillary partial denture - resin base	\$287.05
Mandibular partial denture - resin base	\$338.80
Maxillary partial denture - cast metal framework with resin base	\$448.30
Mandibular partial denture - cast metal framework with resin base	\$449.65
Overdenture – complete	\$408.30
Overdenture – partial	\$449.65

Denture Adjustments

Adjust complete denture - maxillary	\$20.00
Adjust complete denture - mandibular	\$18.75

Partial and Bridge Adjustments

Adjust partial denture - maxillary	\$18.15
Adjust partial denture - mandibular	\$19.85

Repairs, Replacement of Broken Artificial Teeth, Replacement of Broken Clasp(s)

Repair broken complete denture base	\$44.75
Replace missing or broken teeth - complete denture (each tooth)	\$39.15
Repair resin denture base	\$45.10
Repair cast framework	\$50.55
Repair or replace broken clasp	\$59.10
Replace broken teeth - per tooth	\$39.80
Add tooth to existing partial denture	\$53.85
Add clasp to existing partial denture	\$60.10
Replace all teeth & acrylic on cast metal framework - maxillary	\$273.95
Replace all teeth & acrylic on cast metal framework - mandibular	\$269.55
Recement fixed partial denture	\$36.95
Fixed partial denture repair, by report	\$58.20

Reline and Rebase

Rebase complete maxillary denture	\$151.65
Rebase complete mandibular denture	\$127.80
Rebase maxillary partial denture	\$212.20
Rebase mandibular partial denture	\$159.45
Reline complete maxillary denture - chairside	\$76.20
Reline complete mandibular denture - chairside	\$82.25
Reline maxillary partial denture - chairside	\$75.60
Reline mandibular partial denture - chairside	\$97.20
Reline complete maxillary denture - laboratory	\$117.05
Reline complete mandibular denture - laboratory	\$119.80
Reline maxillary partial denture - laboratory	\$112.90
Reline mandibular partial denture - laboratory	\$118.05

Fixed Prosthetic Services (Bridge)

Pontic - cast high noble metal	\$260.70
Pontic - cast predominantly base metal	\$260.70
Pontic - cast noble metal	\$260.70
Pontic - porcelain fused to high noble metal	\$257.25
Pontic - porcelain fused to predominantly base metal	\$257.25
Pontic - porcelain fused to noble metal	\$257.25
Pontic - porcelain/ceramic	\$257.25
Pontic - resin with high noble metal	\$234.70
Pontic - resin with predominantly base metal	\$234.70
Pontic - resin with noble metal	\$234.70
Retainer - cast metal for resin bonded fixed prosthesis	\$142.00
Inlay - porcelain/ceramic, two surfaces	\$90.90
Inlay - porcelain/ceramic, three+ surfaces	\$115.15
Inlay - cast high noble metal, two surfaces	\$192.85
Inlay - cast high noble metal, three+ surfaces	\$285.40
Inlay - cast predominantly base metal, two surfaces	\$192.85
Inlay - cast predominantly base metal, three+ surfaces	\$285.40
Inlay - cast noble metal, two surfaces	\$192.85
Inlay - cast noble metal, three+ surfaces	\$285.40
Onlay - porcelain/ceramic, two surfaces	\$192.85
Onlay - porcelain/ceramic, three+ surfaces	\$285.40
Onlay - cast high noble metal, two surfaces	\$192.85
Onlay - cast high noble metal, three+ surfaces	\$285.40
Onlay - cast predominantly base metal, two surfaces	\$192.85
Onlay - cast predominantly base metal, three+ surfaces	\$285.40
Onlay - cast noble metal, two surfaces	\$192.85
Onlay - cast noble metal, three+ surfaces	\$285.40

Crown - resin with high noble metal	\$270.00
Crown - resin with predominantly base metal	\$270.00
Crown - resin with noble metal	\$270.00
Crown – porcelain/ceramic	\$298.40
Crown - porcelain fused to high noble metal	\$261.50
Crown - porcelain fused to predominantly base metal	\$261.50
Crown - porcelain fused to noble metal	\$261.50
Crown - 3/4 cast high noble metal	\$274.55
Crown - 3/4 cast predominantly based metal	\$315.75
Crown - 3/4 cast noble metal	\$274.55
Crown - 3/4 porcelain/ceramic	\$315.70
Crown - full cast high noble metal	\$282.00
Crown - full cast predominantly base metal	\$261.05
Crown - full cast noble metal	\$278.65

Implant Supported Fixed and Removable Prosthetic (Crowns, Bridges, Partial and Dentures)

Implant/abutment supported removable denture for completely edentulous arch	\$408.30
Implant/abutment supported removable denture for partially edentulous arch	\$449.65
Abutment supported porcelain/ceramic crown	\$257.25
Abutment supported porcelain fused to metal crown (high noble metal)	\$257.25
Abutment supported porcelain fused to metal crown (predominantly base metal)	\$257.25
Abutment supported porcelain fused to metal crown (noble metal)	\$257.25
Abutment supported cast metal crown (high noble metal)	\$260.70
Abutment supported cast metal crown (predominantly base metal)	\$260.70
Abutment supported cast metal crown (noble metal)	\$260.70
Implant supported porcelain/ceramic crown	\$257.25
Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	\$257.25
Implant supported metal crown (titanium, titanium alloy, high noble metal)	\$260.70
Abutment supported retainer for porcelain/ceramic FPD	\$257.25
Abutment supported retainer for porcelain fused to metal FPD (high noble metal)	\$257.25
Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	\$257.25
Abutment supported retainer for porcelain fused to metal FPD (noble metal)	\$257.25
Abutment supported retainer for cast metal FPD (high noble metal)	\$260.70
Abutment supported retainer for cast metal FPD (predominantly base metal)	\$260.70
Abutment supported retainer for cast metal FPD (noble metal)	\$260.70
Implant supported retainer for ceramic FPD	\$257.25
Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	\$257.25
Implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	\$260.70
Implant/abutment supported fixed denture for completely edentulous arch	\$408.30
Implant/abutment supported fixed denture for partially edentulous arch	\$449.65

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Brief Summary of Exclusions and Limitations

Refer to your Dental Benefit Plan Summary for Complete Details

This summary of exclusions and limitations is provided for your convenience and is not intended to be a complete description. Only those services and supplies specifically listed in the Dental Benefit Plan Summary are covered under the plan, regardless of dental necessity.

The Dental Benefit Plan Summary is your source for complete information, including the specific dental treatments that are covered, the frequency with which those treatments are covered, benefit amounts, limitations, exclusions, and conditions under which coverage may remain in force.

You will receive the Dental Benefit Plan Summary with your welcome package. If you decide this plan is not for you, simply let us know in writing within 10 days of receiving the Summary: We will promptly refund your paid premium and enrollment fee, and any claims incurred will not be paid.

Listed below, for your convenience, is an overview of exclusions and limitations.

Exclusions

Coverage is NOT provided for:

- a) Dental services which a Covered Person would be entitled to receive for a nominal charge or without charge if this Contract were not in force under any Worker's Compensation Law, Federal Medicare program, or Federal Veteran's Administration program. However, if a Covered Person receives a bill or direct charge for dental services under any governmental program, then this exclusion shall not apply. Benefits under this Contract will not be reduced or denied because dental services are rendered to a subscriber or dependent who is eligible for or receiving Medical Assistance pursuant to Minnesota Statute Section 62A.045.
- b) Dental services or health care services not specifically covered under the Dental Plan Contract (including any hospital charges, prescription drug charges and dental services or supplies that are medical in nature).
- c) New, experimental or investigational dental techniques or services may be denied until there is, to the satisfaction of the Plan, an established scientific basis for recommendation.
- d) Dental services performed for cosmetic purposes. NOTE: Dental services are subject to post-payment review of dental records. If services are found to be cosmetic, we reserve the right to collect any payment and the member is responsible for the full charge.
- e) Dental services completed prior to the date the Covered Person became eligible for coverage.
- f) Services of anesthesiologists.
- g) Anesthesia Services, except by a Dentist or by an employee of the Dentist when the service is performed in his or her office and by a dentist or an employee of the dentist who is certified in their profession to provide anesthesia services.
- h) Deep sedation/general anesthesia, analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines, or drugs for non-surgical or surgical dental care. NOTE: Intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.
- i) Dental services performed other than by a licensed dentist, licensed physician, his or her employees.

- j) Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition, realignment of teeth, periodontal splinting and gnathologic recordings.
- k) Artificial material implanted or grafted into or onto bone or soft tissue, including implant services and associated fixtures, or surgical removal of implants.
- l) Services or supplies that have the primary purpose of improving the appearance of your teeth. This includes but is not limited to tooth whitening agents or tooth bonding and veneer covering of the teeth.
- m) Orthodontic treatment services, unless specified in this Dental Benefit Plan Summary as a covered dental service benefit.
- n) Case presentations, office visits and consultations.
- o) Incomplete, interim or temporary services.
- p) Corrections of congenital conditions during the first 24 months of continuous coverage under this Plan.
- q) Athletic mouth guards, enamel microabrasion and odontoplasty.
- r) Retreatment or additional treatment necessary to correct or relieve the results of treatment previously benefited under the plan.
- s) Procedures designed to enable prosthetic or restorative services to be performed such as a crown lengthening.
- t) Bacteriologic tests.
- u) Cytology sample collection.
- v) Separate services billed when they are an inherent component of a Dental Service where the benefit is reimbursed at an Allowed Amount.
- w) Pediatric removable or fixed prosthetic appliances (dentures, partials or bridges).
- x) Interim or temporary removable or fixed prosthetic appliances (dentures, partials or bridges).
- y) Services for the replacement of an existing partial denture with a bridge.
- z) Additional, elective or enhanced prosthodontic procedures including but not limited to, connector bar(s), stress breakers and precision attachments.
- aa) Provisional splinting, temporary procedures or interim stabilization.
- bb) Placement or removal of sedative filling, base or liner used under a restoration.
- cc) Services or supplies that are medical in nature, including dental oral surgery services performed in a hospital.
- dd) Oral hygiene instruction.
- ee) Restorative cast post/core or core build-up, including pins and posts.
- ff) Occlusal procedures.

Limitations

- a) Optional Treatment Plans: in all cases in which there are alternative treatment plans carrying different costs, the decision as to which course of treatment to be followed shall be solely that of the Covered Person and the dentist; however, the benefits payable hereunder will be made only for the applicable percentage of the least costly, commonly performed course of treatment, with the balance of the treatment cost remaining the payment responsibility of the Covered Person.
- b) Reconstructive Surgery: benefits shall be provided for reconstructive surgery when such dental procedure is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part, or when such dental procedure is performed on a covered dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician, to the extent as required by MN Statute 62A.25 provided, however, that such services are dental reconstructive surgical services.
- c) Benefits for inpatient or outpatient expenses arising from dental services up to age 18, including orthodontic and oral surgery services, involved in the management of birth defects known as cleft lip and cleft palate as required by Minnesota Statutes Section 62A.042. For Programs without orthodontic coverage: Dental orthodontic services not related to the management of the congenital condition of cleft lip and cleft palate is not covered under this dental benefit program. For Programs with orthodontic coverage: If coverage for the treatment of cleft lip or cleft palate is available under any other policy or contract of insurance, this plan shall be primary and the other policy or contract shall be secondary.

For complete dental procedure exclusions and limitations, refer to the Dental Benefit Plan Summary you will receive with your welcome package.