UPlan Online Tools for Subscribers

Base Plan Determined by Zone
The base plan available to you is determined by zone.

ZONE: Twin Cities metropolitan area and northern/southern surrounding counties and the Duluth area.
BASE PLAN: Delta Dental PPO℠

ZONE: Greater Minnesota
BASE PLAN: Delta Dental Premier℠

Login to Your Account
DeltaDentalMN.org/UofM

Delta Dental tools for subscribers
Username and Password required.

Eligibility and Benefits Inquiry
With our secure member portal, you can verify eligibility and check plan information, coverage maximums and specific dollar amounts used for plan maximums.

Claims Inquiry
Delta Dental’s secure member portal also provides users with information including procedure detail, amounts owed by you and paid by Delta Dental, deductibles applied and claim status.

Benefit Summaries
For details concerning what your dental plan covers, please view the UPlan Dental Summary of Benefits booklet on the Office of Human Resources “Benefits” web page.

Find A Dentist
In addition to providing advice on how to select a dentist, we are proud to offer a dentist search that lists participating dentists and specialists in your area. It’s easy to see if your dentist participates in the Delta Dental PPO℠ or Premier℠ network.

Visit our website at DeltaDentalMN.org and select “Find a Dentist” or call Customer Service at (651) 406-5916 or (800) 553-9536 toll-free.

Note: The University Choice program is an open access program that allows you to see any licensed dentist. You will not find this product or network type under “Find a Dentist”.

Contact Us
Delta Dental of Minnesota
Customer Service
(651) 406-5916 or (800) 553-9536 toll-free
Monday–Friday 7:00 a.m.–7:00 p.m. CST

DeltaDentalMN.org/UofM
Delta Dental of Minnesota – 500 Washington Avenue South,
Suite 2960 Minneapolis, Minnesota 55401-1903
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Mobile App: Delta Dental
Your oral health is important to Delta Dental and to your overall health! We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are.

Delta Dental’s mobile app gives you access to dentist search, claims and coverage and your ID card right on your mobile device. We even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!

2018 Delta Dental Benefit Options
Greater Minnesota

UPlan
University of Minnesota
Delta Dental PPO℠
Delta Dental Premier℠
and University Choice

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Delta Dental’s mobile app gives you access to dentist search, claims and coverage and your ID card right on your mobile device. We even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!
### Benefits are paid as a percentage of maximum allowable fee.

*Posterior composite resin restorations (white fillings on back teeth) are paid as an amalgam allowance under the Delta Dental PPO℠. The patient will be balance billed the difference between the white filling cost and allowed amalgam filling cost.**

All claims processed in the University Choice program to non-participating providers are reimbursed at 80% of the usual and customary fee. This is a summary of covered benefits only. Please refer to your summary plan descriptions for more detail.

**Delta Dental Premier®** is the base plan for employees in the Greater Minnesota Zone.

## Delta Dental Benefit Options for Minnesota

### Delta Dental PPO℠

<table>
<thead>
<tr>
<th>Group</th>
<th>In Network Only</th>
<th>Delta Dental PPO℠ network dentist only</th>
<th>Out of Network</th>
<th>Dental care provided by non-participating dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6100</td>
<td>100%</td>
<td>80% Anterior resin restorations paid at 80%. “Posterior resin restorations (white fillings on back teeth) paid as an amalgam.”</td>
<td>50%</td>
<td>80% Anterior resin restorations paid at 80%. Posterior resin restorations (white fillings on back teeth) paid at 80%.</td>
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</table>

### Delta Dental Premier®

<table>
<thead>
<tr>
<th>Group</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6090</td>
<td>100%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### University Choice

<table>
<thead>
<tr>
<th>Group</th>
<th>Open Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6113</td>
<td>100%</td>
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</tbody>
</table>

### Diagnostic and Preventive Services

- Exams, cleanings including periodontal maintenance, X-rays, space maintainers, and fluoride treatment (age 18 and under)

### Basic Services

- Emergency treatment for relief of pain
- Amalgam restorations (silver fillings)
- Composite resin restorations (white fillings)*
- Sealants (age 18 and under, once per lifetime)

### Oral Surgery

- Simple Extractions
- Complex Surgical Extractions
- Other routine oral surgery

### Periodontics

- Nonsurgical periodontics
- Surgical periodontics

### Endodontics

- Pulpotomies on primary teeth for dependent children
- Root canal therapy on permanent teeth

### Basic Restorative Care

Crown and Onlays – replacement benefits allowed after 5 years

### Major Restorative Care

- Bridges and Dentures (full and partial) – replacement after 5 years
- Implant services and implant crown as alternative to initial bridge
- Bridge or denture repair and adjustments

### Orthodontics

Treatment for the prevention/correction of malocclusion, available for dependent children up to age 19

### Deductible

(Deductible does not apply to preventive services or orthodontic services)

<table>
<thead>
<tr>
<th>Per person / per family each calendar year</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
</tr>
</tbody>
</table>

### Calendar Year Plan Maximum

- Per person: $1,800
- Per person (child only coverage): $2,800

### Life Time Ortho Maximum

- Per person (child only coverage): $2,800

### 2018 Employees

<table>
<thead>
<tr>
<th>Bi-Weekly Cost</th>
<th>Employee Only</th>
<th>Employee &amp; Child(ren)</th>
<th>Employee &amp; Spouse &amp; Child(ren)</th>
</tr>
</thead>
<tbody>
<tr>
<td>($employee working 75-100% time)</td>
<td>$2.02</td>
<td>$19.35</td>
<td>$22.45</td>
</tr>
</tbody>
</table>

Benefits are paid as a percentage of maximum allowable fee.

*Posterior composite resin restorations (white fillings on back teeth) are paid as an amalgam allowance under the Delta Dental PPO℠. The patient will be balance billed the difference between the white filling cost and allowed amalgam filling cost. All claims processed in the University Choice program to non-participating providers are reimbursed at 80% of the usual and customary fee. This is a summary of covered benefits only. Please refer to your summary plan descriptions for more detail.