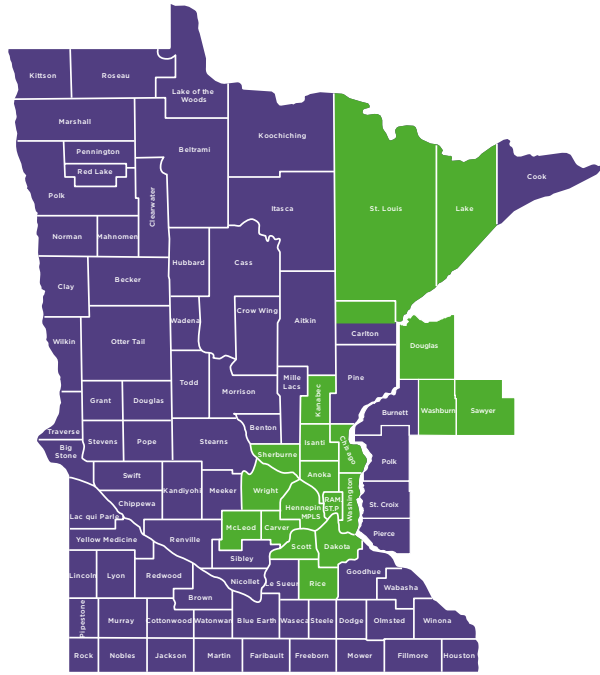


UPlan Online Tools for Subscribers

Base Plan Determined by Zone

The base plan available to you is determined by zone.



Zone: Twin Cities and Duluth
Metropolitan area and northern/southern surrounding counties and the Duluth area.
Base Plan: Delta Dental PPO™

Zone: Greater Minnesota
Base Plan: Delta Dental Premier®

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. Central

DeltaDentalMN.org/UofM

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DDMN.10.24.18 - Twin Cities Duluth

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 Delta Dental Premier® network.

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

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!

UPlan

University of Minnesota



2019 Delta Dental Benefit Options

Twin Cities and Duluth

Delta Dental PPO™
Delta Dental Premier®

 **DELTA DENTAL®**

Delta Dental of Minnesota

University of Minnesota
2019 Delta Dental Benefit Options for Minnesota

Delta Dental PPO™
Group #6100

Delta Dental Premier®
Group #6090

	BASE PLAN		
	In Network Only	In Network	Out of Network
	Delta Dental PPO™ network dentist only	Delta Dental PPO™ or Delta Dental Premier® network dentist only	Dental care provided by non-participating dentist
Diagnostic and Preventive Services Exams, cleanings including periodontal maintenance, X-rays, space maintainers, and fluoride treatment (age 18 and under)	100%	100%	50%
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)	80% Anterior resin restorations paid at 80%. *Posterior resin restorations (white fillings on back teeth) paid as an amalgam.	80% Anterior resin restorations paid at 80%. Posterior resin restorations (white fillings on back teeth) paid at 80%.	50% Anterior resin restorations paid at 50%. Posterior resin restorations (white fillings on back teeth) paid at 50%.
Basic Restorative Care Crowns and Onlays - replacement benefits allowed after 5 years	80%	80%	50%
Oral Surgery • Simple Extractions • Complex Surgical Extractions • Other routine oral surgery	80%	80%	50%
Periodontics • Nonsurgical periodontics • Surgical periodontics	80%	80%	50%
Endodontics • Pulpotomies on primary teeth for dependent children • Root canal therapy on permanent teeth	80%	80%	50%
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	50%	50%	0%
Orthodontics Treatment for the prevention/ correction of malocclusion, available for dependent children up to age 19	80%	80%	50%
Deductible Per person / per family each calendar year (Deductible does not apply to preventive services or orthodontic services)	none	none	\$125 per person
Calendar Year Plan Maximum - Per person	\$1,800	\$1,800	\$1,800
Life Time Ortho Maximum - Per person (child only coverage)	\$2,800	\$2,800	\$2,800

2019 Employees Bi-Weekly Cost
(employee working 75-100% time)

Employee Only	\$2.02	\$5.82
Employee & Child(ren)	\$19.35	\$28.23
Employee & Spouse & Child(ren)	\$22.45	\$32.99

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.

This is a summary of covered benefits only. Please refer to your Summary of Benefits for more detail.