Are you ready to turn the page to 2017?
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 Connect℠ 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 PPO℠ 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!

<table>
<thead>
<tr>
<th>Delta Dental PPO™</th>
<th>Delta Dental Premier®</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>104,500 dentists</td>
<td>155,670 dentists</td>
<td>23,000 dentists</td>
</tr>
<tr>
<td>• largest network</td>
<td>• largest network</td>
<td></td>
</tr>
<tr>
<td>• lowest out-of-pocket cost</td>
<td>• low out-of-pocket cost</td>
<td></td>
</tr>
<tr>
<td>• significant discounts</td>
<td>• moderate discounts</td>
<td></td>
</tr>
<tr>
<td>• no balance billing</td>
<td>• no balance billing</td>
<td></td>
</tr>
<tr>
<td>• no paperwork</td>
<td>• no paperwork</td>
<td></td>
</tr>
<tr>
<td>Exceptional Savings</td>
<td>Great Savings</td>
<td>No Savings</td>
</tr>
</tbody>
</table>

Other Dental PPO Carriers

<table>
<thead>
<tr>
<th>Other PPO Networks</th>
<th>Non-Participating Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>50,000-85,000 dentists</td>
<td>80,000-155,000 dentists</td>
</tr>
<tr>
<td>• discounts</td>
<td>• balance billing</td>
</tr>
<tr>
<td>• balance billing may apply</td>
<td>• no discounts</td>
</tr>
<tr>
<td>• paperwork may be required</td>
<td></td>
</tr>
</tbody>
</table>
About Us

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

6,500 Employer Groups

3.8 Million Members Nationwide

97% Group Retention (individually rated)
Largest National Networks
Delta Dental Premier® is the largest dental network in the country

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

Delta Dental PPO℠ 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 PPO℠ 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 PPO℠ 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.**
Small Group Solutions

Plans:
- Preventive
- Comprehensive Standard
- Comprehensive Enhanced
- Millennium Choice - Standard & Enhanced
- Dental Flex

Delta Dental of Minnesota

Plans for 2017
Underwriting Guidelines and Participation Requirements

**Preventive, Comprehensive Standard, Comprehensive Enhanced**

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 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.

For groups with 10-199 eligible employees

- 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.

**Millennium Choice - Standard, Enhanced**

For groups with 5-9 eligible employees

- 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

- 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.

**Dental Flex**

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 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.

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**
  - 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 product, only 5 employees need to enroll with no other employee or dependent participation percentage requirements

- **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.

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

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Employer Contribution</th>
<th>Employer Selection(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO℠</td>
<td>Contributory or Voluntary Participation Guidelines Apply</td>
<td>1 Plan with choice of deductible, annual maximum and orthodontic coverage</td>
</tr>
</tbody>
</table>

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.
- 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.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Service</td>
<td>Preventive Plan</td>
</tr>
<tr>
<td>Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments</td>
<td>100%</td>
</tr>
<tr>
<td>Other Preventive Services</td>
<td>Space maintainers</td>
</tr>
<tr>
<td>Basic Service</td>
<td>Basic Restorative Care and Services</td>
</tr>
<tr>
<td>Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td></td>
</tr>
<tr>
<td>Basic Oral Surgery Services</td>
<td>Basic extraction of erupted tooth or exposed root</td>
</tr>
<tr>
<td>Complex Surgical Extractions</td>
<td>Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
</tr>
<tr>
<td>Other Complex Oral Surgical Procedures</td>
<td>Alveoplasty, vestibuloplasty, frenulectomy, tooth reimplantation</td>
</tr>
<tr>
<td>Adjunctive General Services</td>
<td>Intravenous conscious and IV sedation with complex surgical services</td>
</tr>
<tr>
<td>Basic Endodontic Therapy</td>
<td>Pulpal therapy, root canal therapy, pulpotomy</td>
</tr>
<tr>
<td>Complex Endodontic Services</td>
<td>Hemisection, apicoectomy</td>
</tr>
<tr>
<td>Basic Periodontal Services</td>
<td>Non-surgical periodontal care</td>
</tr>
<tr>
<td>Complex Surgical Periodontal Care</td>
<td>Surgical periodontal care</td>
</tr>
<tr>
<td>Complex or Major Restorative Services</td>
<td>Posterior composite resins</td>
</tr>
<tr>
<td>Inlays</td>
<td></td>
</tr>
<tr>
<td>Onlays, crowns and crown repairs</td>
<td></td>
</tr>
<tr>
<td>Restorative cast post and core buildup, including pins and posts for crowns</td>
<td></td>
</tr>
<tr>
<td>Prosthetic Services</td>
<td>Removable prosthesis services - dentures and partials</td>
</tr>
<tr>
<td>Fixed prosthesis services - bridges</td>
<td></td>
</tr>
<tr>
<td>Restorative cast post and core buildup, including pins and posts for bridge</td>
<td></td>
</tr>
<tr>
<td>Repairs - removable and fixed prosthetic service</td>
<td></td>
</tr>
<tr>
<td>Implants</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>Per person/per family (calendar year)</td>
</tr>
<tr>
<td>Co-payment</td>
<td>$10 per office visit</td>
</tr>
<tr>
<td>Annual Plan Maximum Per person/per calendar year</td>
<td>5 to 49 enrolled employees</td>
</tr>
<tr>
<td></td>
<td>50 or more enrolled employees</td>
</tr>
<tr>
<td>Optional Orthodontic Coverage</td>
<td>A minimum of 5 enrolled employees required. Available only for dependent children, age 8-18</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Employer Contribution</th>
<th>Employer Selection(s)</th>
</tr>
</thead>
</table>
| Delta Dental PPO℠  
Delta Dental Premier® | One-time enrollment.  
100% of all eligible employees and 100% of eligible dependents not covered by another dental plan must enroll.  
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. | 1 Plan, dual option, with choice of deductible and orthodontic coverage |

**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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
</table>
| **Diagnostic and Preventive Service** | Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments | Standard Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100%  
Enhanced Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100% |
| **Other Preventive Services** | Space maintainers | Standard Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100%  
Enhanced Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100% |
| **Basic Service** | Basic Restorative Care and Services  
Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies  
Basic Oral Surgery Services  
Basic extraction of erupted tooth or exposed root  
Complex Surgical Extractions  
Surgical removal of erupted tooth, impacted tooth and tooth roots  
Other Complex Oral Surgical Procedures  
Alveoplasty, vestibuloplasty, frenulectomy, tooth reimplantation  
Adjunctive General Services  
Intravenous conscious and IV sedation with complex surgical services  
Basic Endodontic Therapy  
Pulpal therapy, root canal therapy, pulpotomy  
Complex Endodontic Services  
Hemisection, apicoectomy  
Basic Periodontal Services  
Non-surgical periodontal care  
Complex Surgical Periodontal Care  
Surgical periodontal care | Standard Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100%  
Enhanced Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100% |
| **Complex or Major Restorative Services** | Posterior composite resins  
Inlays  
Crowns and crown repairs  
Restorative cast post and core buildup, including pins and posts for crowns  
Prosthetic Services  
Removable prosthetic services- dentures and partials  
Fixed prosthetic services - bridges  
Restorative cast post and core buildup, including pins and posts for bridge  
Reparis - removable and fixed prosthetic service  
Implants | Standard Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100%  
Enhanced Benefit Plan  
Plan Option I  
PPO℠  
Premier®  
100%  
80%  
100% |
| **Deductible** | Per person/per family (calendar year)  
No deductible for diagnostic and preventive services | Standard Benefit Plan  
Plan Option I  
None  
$25/75 or $50/150  
Enhanced Benefit Plan  
Plan Option I  
None  
$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 | Minnesota Small Group Solutions  
Delta Dental of Minnesota  
DDMN.8.8.16.1  
50%  
$1,000, $1,500 or $2,000 lifetime maximum |
# Dental Flex

## Network(s)
- Delta Dental PPO℠
- Delta Dental Premier®

## Employer Contribution
- Contributory Or Voluntary

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

### Program — Dental Flex
- **5+ Eligible Employees**

#### 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

#### Diagnostic and Preventive Service
- Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Delta Dental PPO℠ Network</th>
<th>Delta Dental Premier® Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Service</td>
<td>Basic Restorative Care and Services</td>
<td>80% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td>6 month waiting period unless noted</td>
<td>Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td>80% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td></td>
<td>Basic Oral Surgery Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Basic extraction of erupted tooth or exposed root</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Extractions</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Periodontal Care</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Surgical periodontal care</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Complex or Major Restorative Services</td>
<td>Posterior composite resins</td>
<td>alternate treatment†</td>
<td>alternate treatment†</td>
<td>alternate treatment†</td>
</tr>
</tbody>
</table>

#### 12 month waiting period
- Onlays, crowns and crown repairs (*)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Delta Dental PPO℠ Network</th>
<th>Delta Dental Premier® Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prosthetic Services</td>
<td>Removable prosthetic services - dentures and partials (*)(**)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Fixed prosthetic services - bridges( <em>)(</em>*</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Repairs - removable and fixed prosthetic service</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Deductible
- Per person/per family (calendar year)
- No deductible for diagnostic and preventive services
- $50/$150

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Delta Dental PPO℠ Network</th>
<th>Delta Dental Premier® Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Maximum</td>
<td>Per person / per calendar year</td>
<td>$1,000, $1,500 or $2,000</td>
<td>$1,000, $1,500 or $2,000</td>
<td>$1,000, $1,500 or $2,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Delta Dental PPO℠ Network</th>
<th>Delta Dental Premier® Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optional Orthodontic Coverage</td>
<td>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</td>
<td>$1,000, $1,500 or $2,000 lifetime maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

†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 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. For exact benefits and current rates, contact your Delta Dental Connect Sales Representative: (651) 406-5920 or (800) 906-5250.
Delta Dental of Minnesota

Small Group Solutions

Need Assistance? Visit Us Online or Contact Us

Agent Commission & Contracting:
- Appointments
- Questions related to payment
- Update your ACH information
- Request Forms

Phone: 1-855-648-1409
Email: DeltaDentalMN.org
Email: ddmnbroker@deltadentalmn.org

Delta Dental Individual and Family Plans
- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance

Phone: 1-866-764-5350
Email: www.DeltaDentalMN.org/Shop

Contact Delta Dental Connect™ for Small Group Sales (5-199 Eligible Employees):
- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

Phone: 651-406-5920 or Toll Free at 1-800-906-5250
Email: www.DeltaDentalMN.org
Email: 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

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

Delta Dental Group Enrollment Department:
PLEASE NOTE: Enrollment / Termination requests and employee name change MUST BE SUBMITTED IN WRITING
Phone: 1-800-928-6459
Email: Paper/Manual Enrollments: 1-800-928-5713
Email: memelig@deltadentalmnadmin.org
Email: 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
Phone: 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

DeltaDentalMN.org

Plans for 2017
DDMN.8.8.16.1
## 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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic/Preventive</strong>&lt;br&gt; Routine exams and cleanings, including periodontal cleaning- 2 per calendar year, x-rays</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Basic Restorative</strong>&lt;br&gt; Fillings and sealants</td>
<td>50%</td>
<td>50%</td>
<td>50%**</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Oral Surgery</strong>&lt;br&gt; Including extractions</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Root Canals</strong>&lt;br&gt; Endodontics</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Services Covered After 12 Months*:

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Periodontal Care</strong>&lt;br&gt; Treatment of gum disease, surgical/non-surgical treatment</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Crown and Cast Restorations</strong></td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong>&lt;br&gt; Dentures, partial dentures and bridges</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontics</strong>&lt;br&gt; (for dependents ages 8 through 18)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Additional Plan Details:

<table>
<thead>
<tr>
<th>Details</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Coverage Maximum Per Person</strong></td>
<td>$1,200</td>
<td>$1,000</td>
<td>$500</td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>Orthodontics Lifetime Maximum</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Annual Deductible Per Person</strong></td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
<td>$50</td>
</tr>
<tr>
<td>Does not apply to Diagnostic / Preventive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Networks used | PPO℠ - Delta Dental PPO℠<br>Premier® - Delta Dental Premier® |

### Individual Dental 18+

<table>
<thead>
<tr>
<th>Plan</th>
<th>Plan A (per month)</th>
<th>Plan B (per month)</th>
<th>Plan C (per month)</th>
<th>Plan D (per month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Applicant (you)</td>
<td>$49.95</td>
<td>$33.95</td>
<td>$24.95</td>
<td>$53.95</td>
</tr>
<tr>
<td>Single Applicant +1</td>
<td>$96.95</td>
<td>$66.95</td>
<td>$50.95</td>
<td>$111.95</td>
</tr>
<tr>
<td>Family</td>
<td>$179.95</td>
<td>$122.95</td>
<td>$92.95</td>
<td>$202.95</td>
</tr>
</tbody>
</table>

### So what are you waiting for?

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

PPO℠ - Delta Dental PPO℠<br>Premier® - Delta Dental Premier®

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

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic/Preventive</strong> – Routine exams and cleanings - 2 per calendar year, x-rays</td>
<td>100%</td>
<td>100% of maximum allowable fee*</td>
</tr>
<tr>
<td><strong>Basic Restorative</strong> – Fillings and sealants</td>
<td>75%</td>
<td>50% of maximum allowable fee*</td>
</tr>
<tr>
<td><strong>Major Restorative</strong> – Crowns, bridges, oral surgery, etc.</td>
<td>we pay a set amount per procedure*</td>
<td>30% of maximum allowable fee*</td>
</tr>
<tr>
<td><strong>Annual Deductible Per Person</strong> (calendar year, does not apply to diagnostic/preventive services)</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Annual Plan Maximum Per Person</strong> (calendar-year)</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

Utilizes Delta Dental Network(s): Singular Dental®

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

**Premiums Per Month**

<table>
<thead>
<tr>
<th>Plan Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Applicant (you)</td>
<td>$31.72</td>
</tr>
<tr>
<td>Single Applicant +1</td>
<td>$61.86</td>
</tr>
<tr>
<td>Family</td>
<td>$92.00</td>
</tr>
</tbody>
</table>

---

So what are you waiting for?

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

DDMN.7.26.16.3
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.

<table>
<thead>
<tr>
<th>Pediatric Dental Health Benefits</th>
<th>Pediatric Low</th>
<th>Pediatric High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Diagnostic/Preventive</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine exams and cleanings, once every 6 months, sealants, x-rays, fluoride treatments</td>
<td>(no deductible)</td>
<td>(no deductible)</td>
</tr>
<tr>
<td>Basic Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Fillings</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Endodontics/Periodontics/Oral Surgery</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Root canals, treatment of gum disease, extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns, dentures, bridges</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Medically Necessary Orthodontics</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Deductible Per Person/Per Calendar Year
- IN/NON: $0
- OON: $50

Annual Maximum Per Person/Per Calendar Year
- IN/NON: $500
- OON: $500

Annual Out-of-Pocket Maximum
- IN/NON: N/A
- OON: $1,000

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 PPO℠ 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
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

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Employer Contribution</th>
<th>Employer Selection(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO®</td>
<td>Contributory or Voluntary Participation Guidelines Apply</td>
<td>1 Plan with choice of deductible, annual maximum and orthodontic coverage</td>
</tr>
</tbody>
</table>

| 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.
- 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

<table>
<thead>
<tr>
<th>Program — Dental Flex</th>
<th>5+ Eligible Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual open enrollment.</td>
<td></td>
</tr>
<tr>
<td>A minimum of 5 employees must enroll.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

### Comprehensive Standard, Comprehensive Enhanced for 5-99 Eligible Employees

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Employer Contribution</th>
<th>Employer Selection(s)</th>
</tr>
</thead>
</table>
| Delta Dental PPO℠
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:
- 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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Service</strong></td>
<td>Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments</td>
<td>Standard: 100%</td>
</tr>
<tr>
<td><strong>Other Preventive Services</strong></td>
<td>Space maintainers</td>
<td>80% after deductible</td>
</tr>
<tr>
<td><strong>Basic Service</strong></td>
<td>Basic Restorative Care and Services: Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Basic Oral Surgery Services: Basic extraction of erupted tooth or exposed root</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Extractions: Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Other Complex Oral Surgical Procedures: Alveoplasty, vestibuloplasty, frenulectomy, tooth reimplantation</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Adjunctive General Services: Intravenous conscious and IV sedation with complex surgical services</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Basic Endodontic Therapy: Pulpal therapy, root canal therapy, pulpotomy</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Complex Endodontic Services: Hemisection, apicoectomy</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Basic Periodontal Services: Non-surgical periodontal care</td>
<td>80%</td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Periodontal Care: Surgical periodontal care</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Complex or Major Restorative Services</strong></td>
<td>Posterior composite resins</td>
<td>alternate treatment†</td>
</tr>
<tr>
<td></td>
<td>Inlays</td>
<td>alternate treatment†</td>
</tr>
<tr>
<td></td>
<td>Onlays, crowns and crown repairs</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Restorative cast post and core buildup, including pins and posts for crowns</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Prosthetic Services</strong></td>
<td>Removable prosthetic services- dentures and partials</td>
<td>50%**</td>
</tr>
<tr>
<td></td>
<td>Fixed prosthetic services - bridges</td>
<td>50%**</td>
</tr>
<tr>
<td></td>
<td>Restorative cast post and core buildup, including pins and posts for bridge</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Repairs</strong></td>
<td>Removable and fixed prosthetic service</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Implants</strong></td>
<td>50%*</td>
<td>50%</td>
</tr>
</tbody>
</table>

### 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% lifetime maximum
## Dental Flex

**Network(s):**
- Delta Dental PPO℠
- Delta Dental Premier®

**Employer Contribution:**
- Contributory Or
- Voluntary

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

### Program — Dental Flex

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Delta Dental PPO℠ Network</th>
<th>Delta Dental Premier® Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Service</strong></td>
<td>Oral evaluations/checkups, x-rays, dental cleanings, fluoride treatments</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td><strong>Basic Service</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 month waiting period unless noted</td>
<td>Basic Restorative Care and Services</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td>no waiting period</td>
<td>no waiting period</td>
<td>no waiting period</td>
</tr>
<tr>
<td></td>
<td>Basic Oral Surgery Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Basic extraction of erupted tooth or exposed root</td>
<td>no waiting period</td>
<td>no waiting period</td>
<td>no waiting period</td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Extractions</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basic Endodontic Therapy</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Pulpal therapy, root canal therapy, pulpotomy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basic Periodontal Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Non-surgical periodontal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complex Surgical Periodontal Care</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Surgical periodontal care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Complex or Major Restorative Services</strong></td>
<td>Posterior composite resins</td>
<td>alternate treatment†</td>
<td>alternate treatment†</td>
<td>alternate treatment†</td>
</tr>
<tr>
<td>12 month waiting period</td>
<td>Onlays, crowns and crown repairs (*)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Prosthetic Services</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Removable prosthetic services - dentures and partials (†)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Fixed prosthetic services - bridges(‡)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Repairs - removable and fixed prosthetic service</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>Per person / per family (calendar year)</td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td><strong>Annual Plan Maximum</strong></td>
<td>Per person / per calendar year</td>
<td>$1,000, $1,500 or $2,000</td>
<td>$1,000, $1,500 or $2,000</td>
<td>$1,000, $1,500 or $2,000</td>
</tr>
<tr>
<td><strong>Optional Orthodontic Coverage</strong></td>
<td>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.</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

†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 comparable basic and major coverage, all waiting periods are initially waived. For 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 at implementation.

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Serving North Dakota

DeltaDentalMN.org

North Dakota
Small Group Solutions

**5+ Eligible Employees**

**Plans for 2017**

DDMN.8.8.16.2
**Delta Dental of Minnesota**
Serving North Dakota

**North Dakota Small Group Solutions**

**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 Connect™ 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

**Serving North Dakota**
DeltaDentalMN.org

Plans for 2017
DDMN.8.8.16.2
# 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:

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic/Preventive</td>
<td>100%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Routine exams, and cleanings, including periodontal cleaning - 2 per calendar year, x-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Restorative</td>
<td>50%</td>
<td>50%</td>
<td>50%**</td>
</tr>
<tr>
<td>Fillings and sealants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Including extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canals</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Endodontics</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Services Covered After 12 Months*:

<table>
<thead>
<tr>
<th>Service</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodontal Care</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Treatment of gum disease, surgical/non-surgical treatment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crown and Cast Restorations</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>50%</td>
<td>50%</td>
<td>N/A</td>
</tr>
<tr>
<td>Dentures, partial dentures and bridges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics (for dependents ages 8 through 18)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

## Additional Plan Details:

<table>
<thead>
<tr>
<th>Category</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Coverage Maximum Per Person</td>
<td>$1,200</td>
<td>$1,000</td>
<td>$500</td>
</tr>
<tr>
<td>Orthodontics Lifetime Maximum</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Deductible Per Person</td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Does not apply to Diagnostic / Preventive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Utilizes Delta Dental Network(s):

- **PPO℠**: Delta Dental PPO℠
- **Premier®**: Delta Dental Premier®

## Individual Dental 18+

<table>
<thead>
<tr>
<th>Plan (per month)</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Applicant (you)</td>
<td>$49.95</td>
<td>$34.95</td>
<td>$29.95</td>
</tr>
<tr>
<td>Single Applicant +1</td>
<td>$96.95</td>
<td>$67.95</td>
<td>$57.95</td>
</tr>
<tr>
<td>Family</td>
<td>$179.95</td>
<td>$125.95</td>
<td>$107.95</td>
</tr>
</tbody>
</table>

## So what are you waiting for?

Speak with a licensed representative at 1-866-764-5350 or visit [DeltaDentalMN.org/Shop](http://DeltaDentalMN.org/Shop)

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*waiting period may be waived with prior comparable coverage

**3 month waiting period on Basic Services.
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.

<table>
<thead>
<tr>
<th>Pediatric Dental Health Benefits</th>
<th>Pediatric Low</th>
<th>Pediatric High</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
</tbody>
</table>

Rates Coming in October!

<table>
<thead>
<tr>
<th>Adult/Family Plans</th>
<th>Bronze</th>
<th>Silver</th>
<th>Gold</th>
<th>Platinum</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>IN/OON</td>
<td>IN/OON</td>
<td>IN/OON</td>
<td>IN/OON</td>
</tr>
</tbody>
</table>

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 PPO™ 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