Dental Plans for All Employers

2018 Plans:

- Delta Dental PPO plus Premier - Dental Access
- Delta Dental PPO plus Premier - Millennium Choice
- Delta Dental PPO plus Premier - Dental Flex
## Service Description

### Diagnostic and Preventive Care
- **Plan Design 1:** 100%
- **Plan Design 2:** 100%
  - Oral evaluations/checkups, X-rays, fluoride treatments, sealants
  - Cleanings - up to 4 per calendar year

### Basic Care
- **No waiting period**
  - **Basic Restorative Care:**
    - Amalgam (silver) fillings, space maintainers, palliative treatment for emergencies, all composite resins
    - Plan Design 1: 80%
    - Plan Design 2: 50%

### Basic Care
- **6-month waiting period**
  - **Endodontic Therapy:**
    - Pulpal therapy, root canal therapy, pulpotomy
    - Plan Design 1: 80%
    - Plan Design 2: 50%
  - **Periodontal Care:**
    - Surgical and non-surgical periodontal care
    - Plan Design 1: 80%
    - Plan Design 2: 50%

### Complex or Major Restorative Care
- **6-month waiting period**
  - **Basic Oral Surgery:**
    - Basic extraction of erupted tooth or exposed root
    - Plan Design 1: 50%
    - Plan Design 2: 50%
  - **Complex Oral Surgery:**
    - Surgical removal of erupted tooth, impacted tooth and tooth roots
    - Plan Design 1: 50%
    - Plan Design 2: 50%
  - **Implants:**
    - Onlays, crowns and crown repairs
    - Plan Design 1: 50%
    - Plan Design 2: 50%
  - **Prosthetic Services:**
    - Removable prosthetic services - dentures and partials
    - Plan Design 1: 50%
    - Plan Design 2: 50%
    - Fixed prosthetic services - bridges
    - Plan Design 1: 50%
    - Plan Design 2: 50%
  - **Repairs:**
    - Removable and fixed prosthetic service
    - Plan Design 1: 50%
    - Plan Design 2: 50%

### Deductible
- **Per person/per family**
  - **Plan Design 1:**
    - No deductible for diagnostic and preventive services
  - **Plan Design 2:**
    - $50/$150 annual or $100/$300 lifetime

### Annual Maximum
- **Per person / per calendar year**
  - **Plan Design 1:**
    - $1,000, $1,500 or $2,000
  - **Plan Design 2:**
    - $1,000, $1,500 or $2,000

### Optional Orthodontic Coverage
- Available to all members ages 8 or older.
  - Plan Design 1: 50%
  - Lifetime orthodontic maximum mirrors selected annual plan maximum

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### Guidelines for Dental Access
- Plan Design 1 offering Basic Services covered at 80%.
- Plan Design 2 offering Basic Services covered at 50%.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Diagnostic and preventive services do not apply to the annual maximum.
- A 6-month waiting period applies to endodontic, periodontic, oral surgery, major, prosthetic repairs, prosthetics and orthodontic services. For groups that have had at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are permanently waived.
- Posterior composites do not alternate to the amalgam benefit.
- Out-of-network providers are reimbursed at 80% of the usual and customary amount.
- A minimum of five subscribers must enroll.
- Annual open enrollment.
- Routine cleanings are covered four times per calendar year.
- Dental offices and clinics are not eligible.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services, as well as limitations and/or exclusions, please refer to the Dental Benefit Plan Summary.
### Delta Dental PPO plus Premier - Millennium Choice

#### 5-199 Enrolled Employees

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Employer Selection(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental PPO℠</td>
<td>1 Plan, dual option, with choice of orthodontic coverage</td>
</tr>
<tr>
<td>Delta Dental Premier®</td>
<td></td>
</tr>
</tbody>
</table>

#### Service Description

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Standard Benefit Plan</th>
<th>Enhanced Benefit Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Option 1 Option 2</td>
<td>Option 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>PPO® Premier®</td>
<td>PPO® Premier®</td>
</tr>
<tr>
<td>Diagnostic and Preventive Care</td>
<td>Oral evaluations/checkups, X-rays, dental cleanings, fluoride treatments</td>
<td>100% 80%</td>
<td>100% 80%</td>
</tr>
<tr>
<td>Other Preventive Care</td>
<td>Space maintainers</td>
<td>90% 50%</td>
<td>80%</td>
</tr>
<tr>
<td>Basic Care</td>
<td>Basic Restorative Care</td>
<td>90% 50% 80%</td>
<td>90% 50% 80%</td>
</tr>
<tr>
<td></td>
<td>Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Oral Surgery</td>
<td>Basic extraction of erupted tooth or exposed root</td>
<td>100% 50% 80%</td>
<td>100% 50% 80%</td>
</tr>
<tr>
<td>Complex Oral Surgery</td>
<td>Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td>80% 80% 80%</td>
<td>80%</td>
</tr>
<tr>
<td>Other Complex Oral Surgical Procedures</td>
<td>Alveolectomy, vestibuloplasty, frenulectomy, tooth reimplantation</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Adjunctive General Services</td>
<td>Intravenous conscious and IV sedation with complex surgical services</td>
<td>90% 50% 80%</td>
<td>90%</td>
</tr>
<tr>
<td>Basic Endodontic Therapy</td>
<td>Pulpal therapy, root canal therapy, pulpotomy</td>
<td>80% 50% 50%</td>
<td>80%</td>
</tr>
<tr>
<td>Complex Endodontic Care</td>
<td>Hemisection, apicectomy</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Basic Periodontal Care</td>
<td>Non-surgical periodontal care</td>
<td>80% 50% 50%</td>
<td>80%</td>
</tr>
<tr>
<td>Complex Surgical Periodontal Care</td>
<td>Surgical periodontal care</td>
<td>80% 50% 50%</td>
<td>80%</td>
</tr>
<tr>
<td>Complex or Major Restorative Care</td>
<td>Posterior composite resins</td>
<td>alternate treatment</td>
<td>alternate treatment</td>
</tr>
<tr>
<td></td>
<td>Inlays</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Crowns and crown repairs</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Prosthetic Services</td>
<td>removable prosthetic services - dentures and partials</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Fixed prosthetic services - bridges</td>
<td>50% 50% 50%</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>Restorative cast post and core buildup</td>
<td>N/A N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Posts for bridge</td>
<td>N/A N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Repairs - removable and fixed prosthetic service</td>
<td>50% 50% 50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Implants</td>
<td>50% 50% 50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Deductible</td>
<td>Per person/per family (calendar year)</td>
<td>none</td>
<td>$25/$75</td>
</tr>
<tr>
<td></td>
<td>No deductible for diagnostic and preventive services</td>
<td>$2,000</td>
<td>$2,000</td>
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<tr>
<td>Annual Maximum</td>
<td>Per person/per calendar year</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Optional Orthodontic Coverage               A minimum of 10 enrolled employees required. Available only for dependent children, ages 8-18.</td>
<td>50%</td>
<td></td>
<td>$1,000 lifetime maximum</td>
</tr>
</tbody>
</table>

#### Guidelines for Millennium Choice

- Annual open enrollment.
- 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.
- Routine cleanings are covered once per six months.
- Out-of-network services are reimbursed at the non-contracted provider fee schedule.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services, as well as limitations and/or exclusions, please refer to the Dental Benefit Plan Summary.

#### Guidelines for Millennium Choice Standard

- A minimum of five subscribers must enroll. A minimum of 10 subscribers must enroll to be eligible for the orthodontia benefit. Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan.
- A 24-month missing tooth clause applies to prosthetic services.
- Posterior composites alternate to the amalgam benefit.

#### Guidelines for Millennium Choice Enhanced

- A minimum of five subscribers must enroll. A minimum of 10 subscribers must enroll to be eligible for the orthodontia benefit. Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan.
- Posterior composites do not alternate to the amalgam benefit.
### Delta Dental PPO plus Premier - Dental Flex

#### 5+ Enrolled Employees

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

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

<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 Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oral evaluations/checkups, X-rays, dental</td>
<td></td>
<td>100% no waiting period</td>
<td>80% no waiting period</td>
<td>80% no waiting period</td>
</tr>
<tr>
<td>cleanings, fluoride treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-month waiting period unless noted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Restorative Care</strong></td>
<td>Basic amalgam (silver) fillings, sealants, space maintainers, palliative</td>
<td>80% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td>Treatment for emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Oral Surgery</strong></td>
<td>Basic extraction of erupted tooth or exposed root</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Complex Oral Surgery</strong></td>
<td>Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Basic Endodontic Therapy</strong></td>
<td>Pulpal therapy, root canal therapy, pulpotomy</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Basic Periodontal Care</strong></td>
<td>Non-surgical periodontal care</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Complex Surgical Periodontal Care</strong></td>
<td>Surgical periodontal care</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Complex or Major Restorative Care</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></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Onlays, crowns and crown repairs</td>
<td></td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td><strong>Prosthetic Services</strong></td>
<td>Removable prosthetic services - dentures and partials</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td>Fixed prosthetic services - bridges</td>
<td></td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td>Repairs - removable and fixed prosthetic</td>
<td></td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
<td>50% no waiting period</td>
</tr>
<tr>
<td>service</td>
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</tr>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td>$50/$150</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Per person/per family (calendar year)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No deductible for diagnostic and preventive</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>services</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td></td>
<td>$1,000, $1,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per person / per calendar year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Optional Orthodontic Coverage</strong></td>
<td></td>
<td>50% Lifetime maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A minimum of 10 enrolled employees required.</td>
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<tr>
<td>Available only for dependent children, ages</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8-18</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Guidelines for Dental Flex

- A minimum of five subscribers must enroll. A minimum of 10 subscribers must enroll to be eligible for the orthodontia benefit.
- Annual open enrollment.
- For new groups not covered by an existing dental plan, the published waiting periods apply. For groups with at least 12 consecutive months of comparable comprehensive coverage, all waiting periods are initially waived.
- 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.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 24-month missing tooth clause applies to prosthetic services.
- Routine cleanings are covered once per six months.
- Posterior composites alternate to the amalgam benefit.
- Out-of-network services are reimbursed at the non-contracted provider fee schedule.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services, as well as limitations and/or exclusions, please refer to the Dental Benefit Plan Summary.
Tools to Assist Your Clients

- Product brochures
- Customizable fliers
- Forms
- Answers to frequently asked questions

The Delta Dental Difference

- Dental expertise
- Superior service
- Largest networks
- Exceptional savings

Need Assistance? Contact Us or Visit Us Online

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

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

Delta Dental Individual and Family Plans:

- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance

Just a click away at DeltaDentalMN.org

Group Customer Service

Additional Resources:
- Employee benefits
- Eligibility
- Claims status

7 a.m.-7 p.m. Central
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
P.O. Box 330
Minneapolis, MN 55440-0330

Group Claims Address
Delta Dental of Minnesota
Attn: Dental Claims
P.O. Box 330
Minneapolis, MN 55440-0330

Corporate Address
Delta Dental of Minnesota
500 Washington Avenue South
Suite 2060
Minneapolis, MN 55415
Fax: 651-406-5978
Toll Free Fax: 1-888-819-6257