

Delta Dental of Minnesota Serving North Dakota Medica Dental Plans



The Delta Dental Difference

- Best in class customer service
- Ability to pair medical and dental benefits
- Coverage options to fit your needs



Extensive dental networks

Delta Dental PPO™ Plus Premier®

Delta Dental Premier®: 265

Delta Dental PPO™: 95

Medica Dental Plans: 2-100 Eligible Employees

	Plan 1	Plan 2	Plan 3
Deductible Per person / per family (calendar year)	\$50/\$150	\$50/\$150	\$25/\$75
Annual Maximum	\$750	\$1,000	\$1,500
Covered Services			
Diagnostic and Preventive Services	100%	100%	100%
Basic Restorative Services	80%	80%	80%
Endodontic Services*	N/A	50%	80%
Periodontic Services*	N/A	50%	80%
Simple and Complex Oral Surgery*	N/A	50%	80%
Implants*	N/A	50%	50%
Inlays, Onlays, Crowns and Crown Repair*	N/A	50%	50%
Prosthetic Services, including Bridges & Dentures*	N/A	50%	50%
Orthodontics Optional* Available to all members ages 8 to 19	N/A	50% - \$1,000	50% - \$1,000

Rates

Rates guaranteed for 12 months after issue.

	Plan 1		Plan 2		Plan 3	
	Without Ortho	With Ortho	Without Ortho	With Ortho	Without Ortho	With Ortho
Employee	\$20.85	N/A	\$31.43	\$31.43	\$37.69	\$37.69
Employee + Spouse	\$39.54	N/A	\$60.10	\$60.10	\$72.17	\$72.17
Employee + Child(ren)	\$57.49	N/A	\$73.91	\$80.87	\$88.06	\$95.03
Family - Employee, Spouse, child(ren)	\$87.59	N/A	\$115.66	\$124.57	\$137.31	\$146.22

* 12 month waiting period applies endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

• No waiting period for diagnostic, preventive and basic restorative services.

• For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.

• Diagnostic and preventive services do apply to the annual maximum.

• This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

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Delta Dental of Minnesota Serving North Dakota

Medica Plan 1

2-100 Eligible Employees

Network(s)

Delta Dental PPO™

Delta Dental Premier®

Deductible

Per person / per family (calendar year)

\$50/\$150

Annual Maximum

\$750

Covered Services

Delta Dental PPO Plus Premier

Out-of-Network

Diagnostic & Preventive Services

- Oral evaluations/checkups - 2 per calendar year
- Cleanings - 3 per calendar year including periodontal maintenance
- X-rays
- Fluoride treatments - 1 per calendar year
- Sealants - 1 per lifetime through age 15
- Space maintainers - 1 per lifetime through age 16

100%

100%

Basic Restorative Services

- Amalgam(silver) fillings
- Palliative Treatment for emergencies
- All composite resins

80%

80%

Endodontic Services*

- Pulpal therapy
- Root canal therapy
- Pulpotomy

N/A

N/A

Periodontic Services*

- Surgical/Nonsurgical periodontics

N/A

N/A

Simple and Complex Oral Surgery*

N/A

N/A

Inlays, Onlays, Crowns and Crown Repair*

N/A

N/A

Prosthetic Services, including Bridges and Dentures*

N/A

N/A

Orthodontics Optional*

Available to all members ages 8 to 19

N/A

N/A

* 12 month waiting period applies endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

Plan Guidelines

- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Diagnostic and preventive services do apply to the annual maximum.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composites do not alternate to the amalgam benefit.
- A minimum of two employees must enroll.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

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Delta Dental of Minnesota Serving North Dakota

Medica Plan 2

2-100 Eligible Employees

Network(s)

Delta Dental PPO™

Delta Dental Premier®

Deductible

Per person / per family (calendar year)

\$50/\$150

Annual Maximum

\$1,000

Covered Services

Delta Dental PPO Plus Premier

Out-of-Network

Diagnostic & Preventive Services

- Oral evaluations/checkups - 2 per calendar year
- Cleanings - 3 per calendar year including periodontal maintenance
- X-rays
- Fluoride treatments - 1 per calendar year
- Sealants - 1 per lifetime through age 15
- Space maintainers - 1 per lifetime through age 16

100%

100%

Basic Restorative Services

- Amalgam(silver) fillings
- Palliative Treatment for emergencies
- All composite resins

80%

80%

Endodontic Services*

- Pulpal therapy
- Root canal therapy
- Pulpotomy

50%

50%

Periodontic Services*

- Surgical/Nonsurgical periodontics

50%

50%

Simple and Complex Oral Surgery*

50%

50%

Inlays, Onlays, Crowns and Crown Repair*

50%

50%

Prosthetic Services, including Bridges and Dentures*

50%

50%

Orthodontics Optional*

Available to all members ages 8 to 19

50%

\$1,000 Lifetime max

50%

\$1,000 Lifetime max

* 12 month waiting period applies endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

Plan Guidelines

- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Diagnostic and preventive services do apply to the annual maximum.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composites do not alternate to the amalgam benefit.
- A minimum of two employees must enroll.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.

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Delta Dental of Minnesota Serving North Dakota

Medica Plan 3

2-100 Eligible Employees

Network(s)

Delta Dental PPO™

Delta Dental Premier®

Deductible

Per person / per family (calendar year)

\$25/\$75

Annual Maximum

\$1,500

Covered Services	Delta Dental PPO Plus Premier	Out-of-Network
Diagnostic & Preventive Services <ul style="list-style-type: none"> • Oral evaluations/checkups - 2 per calendar year • Cleanings - 3 per calendar year including periodontal maintenance • X-rays • Fluoride treatments - 1 per calendar year • Sealants - 1 per lifetime through age 15 • Space maintainers - 1 per lifetime through age 16 	100%	100%
Basic Restorative Services <ul style="list-style-type: none"> • Amalgam(silver) fillings • Palliative Treatment for emergencies • All composite resins 	80%	80%
Endodontic Services* <ul style="list-style-type: none"> • Pulpal therapy • Root canal therapy • Pulpotomy 	80%	80%
Periodontic Services* <ul style="list-style-type: none"> • Surgical/Nonsurgical periodontics 	80%	80%
Simple and Complex Oral Surgery*	80%	80%
Inlays, Onlays, Crowns and Crown Repair*	50%	50%
Prosthetic Services, including Bridges and Dentures*	50%	50%
Orthodontics Optional* Available to all members ages 8 to 19	50% \$1,000 Lifetime max	50% \$1,000 Lifetime max

* 12 month waiting period applies endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

Plan Guidelines

- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Diagnostic and preventive services do apply to the annual maximum.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
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