

# Delta Dental of Minnesota

SINGLE - \$32.63 EE+SPOUSE - \$62.40 EE+CHILD - \$83.63 FAMILY - \$128.85

FY24 RATES:

## 2023 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

<sup>\* 12</sup> 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.

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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