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: Commitment to Health
- Largest dental benefits provider with more than 8,800 Minnesota and North Dakota-based employer groups and nearly 4.1 million members nationwide.
- Over 48 years’ expertise as Minnesota’s dental benefits provider.
- A dedicated mission to support better health through oral health.

Setting the Standards: Dependability and Service
- 974% member satisfaction with quality of service.
- 98% group retention.
- 99.8% claims accuracy.
- “A” (Excellent) rating by A.M. Best for financial stability since 1999.

Largest Network: Minnesota and the Nation
- Delta Dental Networks include approximately 90% of the licensed, practicing dentists in Minnesota.
- Over 3,100 participating network dentists in Minnesota.
- Over 154,000 participating network dentists nationwide.

Delta Dental Networks

<table>
<thead>
<tr>
<th>Delta Dental PPO™</th>
<th>Delta Dental Premier®</th>
<th>Out-of-Network Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over 117,000 dentists</td>
<td>Over 154,000 dentists</td>
<td>23,000 dentists</td>
</tr>
<tr>
<td>- Large network</td>
<td>- Largest network</td>
<td>- Highest out-of-pocket cost</td>
</tr>
<tr>
<td>- Lowest out-of-pocket cost</td>
<td>- Low out-of-pocket cost</td>
<td>- Balance billing</td>
</tr>
<tr>
<td>- Significant discounts</td>
<td>- Moderate discounts</td>
<td>- No discounts</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>
</tbody>
</table>

EXCEPTIONAL SAVINGS
GREAT SAVINGS
NO SAVINGS

Other Dental PPO Carriers

Other PPO Networks
- 50,000-85,000 dentists
  - Discounts
  - Balance billing may apply
  - Paperwork may be required

Non-Participating Dentists
- 80,000-155,000 dentists
  - Balance billing
  - No discounts

Find a Delta Dental Network Dentist
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 and select “Find a Dentist” or call Customer Service at 1-800-553-9536.

Delta Dental of Minnesota
500 Washington Avenue South
Suite 2060
Minneapolis, Minnesota 55415

DeltaDentalMN.org

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**Millennium Choice Standard**

Option 1 - (AM: $2000 Ded:$25 / $75 Ortho: N/A)

Option 2 - (AM: $1000 Ded:$50 / $150 Ortho: N/A)

**Quote ID**
2017-03-09-09-54-20

**Contact Length**
12 Months

**Product Features**

**Product Name**
Delta Dental of Minnesota Millennium Choice Standard

**Network(s)**
Delta Dental PPO
Delta Dental Premier

**Contribution**
>= 50%

**Participation**
80% / 80%

**Prior Coverage**
N/A

**Monthly Rates**
Employee: $42.00
Employee +1: $81.05
Family: $110.65

**Requirements**

- **Product Group Size: 5-199**
- Groups with 20% or more of eligible employees residing outside Minnesota are subject to underwriting review.
- Standard coordination of benefits for small group pooled products.
- 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.
- The employer may only select one product for all employees.
- 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.
- 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 all eligible dependents not covered by another dental plan.
### Millennium Choice Standard

**Option 1** - (AM: $2000 Ded:$25 / $75 Ortho: N/A)

**Option 2** - (AM: $1000 Ded:$50 / $150 Ortho: N/A)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Plan Option I</th>
<th>Benefit</th>
<th>Option II</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>100%</td>
<td>80%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td><strong>Other Preventive Services</strong></td>
<td>Space maintainers</td>
<td>90%</td>
<td>50%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Service</strong></td>
<td><strong>Basic Restorative Care and Services:</strong> Amalgam (silver) fillings, sealants, space maintainers, palliative treatment for emergencies</td>
<td>90%</td>
<td>50%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Oral Surgery Services:</strong> Basic extraction of erupted tooth or exposed root</td>
<td>100%</td>
<td>50%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Complex Surgical Extractions:</strong> Surgical removal of erupted tooth, impacted tooth and tooth roots</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Other Complex Oral Surgical Procedures</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Adjunctive General Services:</strong> Intravenous conscious and IV sedation with complex surgical services</td>
<td>90%</td>
<td>50%</td>
<td>80%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Endodontic Therapy:</strong> Pulpal therapy, root canal therapy, pulpotomy</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Complex Endodontic Services:</strong> Hemisection, apicoectomy</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Basic Periodontal Services:</strong> Non-surgical periodontal care</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Complex Surgical Periodontal Care:</strong> Surgical periodontal care</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td><strong>Complex or Major Restorative Services</strong></td>
<td>Posterior Composite Resins *alternate treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inlays *alternate treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crown and crown repairs</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Restorative cast post and core buildup, including pins and posts for crowns</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
Millennium Choice Standard continued...
Option 1 - (AM: $2000 Ded:$25 / $75 Ortho: N/A)
Option 2 - (AM: $1000 Ded:$50 / $150 Ortho: N/A)

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</thead>
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<tr>
<td></td>
<td></td>
<td>PPO Premier</td>
<td>Premier</td>
</tr>
<tr>
<td>Complex or Major Restorative Services</td>
<td>Prosthetic Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Removable prosthetic services - dentures and partials</td>
<td>50%**</td>
<td>50%**</td>
</tr>
<tr>
<td></td>
<td>Fixed prosthetic services - bridges</td>
<td>50%**</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>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Repairs - removable and fixed prosthetic service</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Implants</td>
<td>50%**</td>
<td>50%**</td>
</tr>
<tr>
<td>Deductible</td>
<td>Per person/per family (calendar year)</td>
<td>$0 / $0</td>
<td>$25 / $75</td>
</tr>
<tr>
<td></td>
<td>No deductible for diagnostic and preventive services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Plan Maximum</td>
<td>Per person/per calendar year</td>
<td>$2000</td>
<td>$2000</td>
</tr>
<tr>
<td>Optional Orthodontic Coverage</td>
<td>A minimum of 10 enrolled employees required. Available only for dependent children, age 8-18</td>
<td>N/A</td>
<td>N/A</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.

The quoted plan design is a summary of benefits only. All proposals are subject to Delta Dental Underwriting approval prior to being effective. Delta Dental reserves the right to accept, alter or reject any proposal that deviates from the terms, conditions, and requirements shown in the proposal.

This quote is valid for 90 days from 03/09/2017. Acceptance is required in writing and all necessary documentation to implement this proposed plan is required 15 business days before the effective date.

Privacy Policy

Delta Dental of Minnesota will not disclose non-public personal health information concerning any persons under our dental benefit plan to third parties not affiliated with delta dental, except as necessary to process claims for dental services provided to our subscribers or permitted by law for information on privacy policies visit www.deltadentalmn.org.
Need Assistance? Contact Us or Visit Us Online

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
  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: danerson@deltadentalmn.org
  Clive West: cwest@deltadentalmn.org
  Brenda Metcalf: bmetcalf@deltadentalmn.org

Delta Dental Individual and Family Plans:
- Plan descriptions
- Custom broker banner ads and brochures
- Sales assistance
  1-866-764-5350
  DeltaDentalMN.org/Shop
  sales@deltadentalmn.org

Group Customer Service
Additional Resources:
- Employee benefits
- Eligibility
- Claims status
7 a.m.-7 p.m. Central
Phone:
Toll Free at 1-800-555-9536
Fax:
651-406-5516
or Toll Free at 1-800-555-9536

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: 651-406-5970
Toll Free Fax: 1-888-319-6257

Just A Click Away at DeltaDentalMN.org

Tools to Assist Your Clients
- Product brochures
- Customizable flyers
- Forms
- Answers to frequently asked questions

The Delta Dental Difference
- Dental expertise
- Superior service
- Largest networks
- Exceptional savings