

Office of Human Resources

Phone 952.681.6447
 Fax 952.681.6449



Educational Services Center
 1350 West 106th Street
 Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

2009-10 DELTA DENTAL INSURANCE PLAN (EFFECTIVE 7/1/09)

RATES (PER MONTH)	Full-time Program (inc. Part-Time Teachers)		Part-time Program (excluding Teachers)	
	Premium	Employee Cost (5)	Premium	Employee Cost (5)
Single	\$34.09	\$0.00	\$23.72	\$0.00
Family (1)	\$104.64	\$70.55	\$92.45	\$68.73
Single Part-Time Teachers (2)	\$34.09	\$10.37		
Family Part-Time Teachers (1) (2)	\$104.64	\$80.92		
BENEFITS (PLAN YEAR JULY-JUNE)	Delta Dental PPO (3)	Delta Dental Premier/ Non- participating (3)	Delta Dental PPO (3)	Delta Dental Premier/ Non- participating (3)
Plan Year Maximum (Per Person)	\$1,000	\$1,000	\$500	\$500
Plan Year Deductible	None	\$50/\$150 (4)	None	\$50/150 (4)
A. Diagnostic & Preventive Care (6)	100%	100%	100%	80%
B1a. Basic Restorative (e.g. fillings)	100%	85%	75%	60%
B1b. Endodontics	100%	85%	75%	60%
B1c. Periodontics	100%	85%	75%	60%
B1d. Oral Surgery	100%	85%	75%	60%
B2. Major Restorative (e.g. crowns & onlays)	60%	50%	50%	50%
C1. Prosthetic Repair & Adjustments	60%	50%	None	None
C2. Prosthetics	60%	50%	None	None
D. Orthodontics (Delta Dental PPO only)	50%	None	None	None
• Separate Maximum	\$1,000	None	None	None
• Covered Family Participants	spouse & unmarried dependent children to age 25	None	None	None

NOTES:

- (1) FAMILY COVERAGE: A two-year commitment is required. You are not be able to change or drop family coverage within two years of your enrollment in family coverage, unless a major change in family status occurs (marriage, birth, divorce, spouse's change in employment, etc.).
- (2) PART-TIME TEACHERS: Part-time teachers may only enroll in the full-time program, per negotiated contract. Part-time teachers will pay the difference in cost between full-time and part-time programs.
- (3) DELTA DENTAL NETWORKS (Delta Dental PPO and Delta Dental Premier) versus NON-PARTICIPATING: You may see any provider; however, you will save money by seeking care in a Delta Dental network. *Delta Dental PPO* provides enhanced benefits. When using a network provider, you will be responsible for coinsurance and deductible(s). You cannot be Balanced Billed. When using a *non-participating provider*, you will be Balance Billed. Balance Billed is the difference between the total bill (with no Delta discounts) minus the Delta payment (after usual and customary limits are applied).
- (4) DEDUCTIBLE: There is a \$50.00 deductible per Covered Person each Coverage Year, not to exceed \$150.00 per Family Unit. The deductible does not apply to Diagnostic & Preventive Care (A) or Orthodontics (D). In addition, the deductible does not applied to services performed by a Delta Dental PPO dentist.
- (5) EMPLOYEE COST: The monthly employee cost, if any, will be deducted half on the 5th paycheck and half on the 20th paycheck.
- (6) CLEANINGS: Effective 7/1/09, two cleanings will be allowed per plan year (previously, at six-month intervals).
- (7) DENTIST SEARCH: To find a dentist, go to www.deltadentalmn.org, next Dentist Search, then Network.