



2010-11 DELTA DENTAL 3-TIER INSURANCE PLAN (EFFECTIVE 7/1/10)

	Comprehensive Program		Preventive Program	
	Premium	Employee Cost Per Month (4)	Premium	Employee Cost Per Month (4)
Preventive Program (only available to part-time employees)			\$21.40	\$0.00
Employee-Only Comprehensive Program	\$33.50	\$ 0.00		
Family Comprehensive Program	\$99.00	\$65.50		
Buy-up: Preventive to Employee-Only Comprehensive	\$33.50	\$12.10		
Buy-up: Preventive to Family Comprehensive	\$99.00	\$77.60		
BENEFITS (PLAN YEAR JULY-JUNE)	Delta Dental PPO (2)	Delta Dental Premier/ Non-participating (2)	Delta Dental PPO (2)	Delta Dental Premier/ Non-participating (2)
Plan Year Maximum (Per Person)	\$1,200	\$1,200	\$500	\$500
Plan Year Deductible	None	\$50/\$150 (3)	None	None
A. Diagnostic & Preventive Care (5)	100%	100%	100%	80%
B1a. Basic Restorative (e.g. fillings)	100%	85%	None	None
B1b. Endodontics	100%	85%	None	None
B1c. Periodontics	100%	85%	None	None
B1d. Oral Surgery	100%	85%	None	None
B2. Major Restorative (e.g. crowns & onlays)	60%	50%	None	None
C1. Prosthetic Repair & Adjustments	60%	50%	None	None
C2. Prosthetics	60%	50%	None	None
D. Orthodontics (Delta Dental PPO only)		None	None	None
• Separate Maximum	\$1,000	None	None	None
• Dependent children only – ages 8 - 18				

Notes:

- (1) “BUY-UP”: A two-year commitment is required. You are not able to change or drop the Employee Only Comprehensive Program (if buy-up from Preventive) or Comprehensive Family Program within two years of your enrollment, unless a major change in family status occurs (marriage, birth, divorce, spouse's change in employment, etc.).
- (2) 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. Balanced Billed is the difference between the total bill (with no Delta discounts) minus the Delta payment (after usual and customary limits are applied).
- (3) 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 apply to the Preventive Program or services performed by a Delta Dental PPO dentist.
- (4) EMPLOYEE COST: The monthly employee cost, if any, will be deducted half on the 5th paycheck and half on the 20th paycheck.
- (5) CLEANINGS: Two cleanings will be allowed per plan year.
- (6) ELIGIBLE DEPENDENTS: Spouse and unmarried dependent children to age 25
- (7) DENTIST SEARCH: To find a dentist, go to www.deltadentalmn.org, next Dentist Search, then Network.