



2019-20 DELTA DENTAL INSURANCE PLAN (EFFECTIVE 7/1/19)

| | Monthly Premium | Paid by District | Employee Cost/Month | Per Paycheck (24) |
|----------------------------------|-----------------|------------------|---------------------|-------------------|
| Part-Time Employees | | | | |
| • Single Preventive | \$ 24.50 | \$24.50 | \$ 0.00 | \$ 0.00 |
| • Buy up to Single Comprehensive | \$ 37.70 | \$24.50 | \$13.20 | \$ 6.60 |
| • Buy up to Family Comprehensive | \$111.45 | \$24.50 | \$86.95 | \$43.48 |
| Full-Time Employees | | | | |
| • Single Comprehensive | \$ 37.70 | \$37.70 | \$ 0.00 | \$ 0.00 |
| • Family Comprehensive | \$111.45 | \$37.70 | \$73.75 | \$36.88 |

| | COMPREHENSIVE PROGRAM | | PREVENTIVE PROGRAM | |
|---|-----------------------|---|--------------------|---|
| BENEFITS (PLAN YEAR JULY-JUNE) | Delta Dental PPO | Delta Dental Premier/ Non-participating | Delta Dental PPO | Delta Dental Premier/ Non-participating |
| Plan Year Maximum (Per Person) | \$1,500 | \$1,500 | \$500 | \$500 |
| Plan Year Deductible | None | \$50/\$150 | None | None |
| Diagnostic & Preventive Care (exams & cleanings twice between July 1 & June 30) | 100% | 100% | 100% | 80% |
| Basic Restorative (composite resin restorations on all teeth) | 100% | 85% | | |
| Endodontics (root canal therapy on permanent teeth & pulpotomies on primary teeth for children) | 100% | 85% | | |
| Periodontics (surgical/nonsurgical periodontics) | 100% | 85% | | |
| Oral Surgery (surgical/nonsurgical extractions) | 100% | 85% | | |
| Major Restorative (crowns & composite resin restorations on back teeth) | 60% | 50% | | |
| Prosthetic Repair & Adjustments | 60% | 50% | | |
| Prosthetics (dentures and bridges) | 60% | 50% | | |
| Orthodontics (Delta Dental PPO only) | | | | |
| • Separate Maximum | \$1,000 | - | | |
| • Dependent children only – ages 8 - 18 | | | | |

- (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) ELIGIBLE DEPENDENTS: Spouse and unmarried dependent children to age 26.
- (5) DENTIST SEARCH: To find a dentist, go to www.deltadentalmn.org, next Dentist Search, then Network.
- (6) This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and exclusions, refer to the Dental Benefit Plan Document at www.bloomingtonschools.info/hr