

# Northfield Public Schools ISD #659

Client #050931

| Plan Benefit Highlights                                                                                                                                                                                                                                         |                                                                                                                     |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| Network(s)                                                                                                                                                                                                                                                      | Delta Dental PPO™                                                                                                   | Delta Dental Premier® | Out-of-network* |
| <b>Calendar Year Plan Maximum</b><br>Per person                                                                                                                                                                                                                 | \$1,500                                                                                                             |                       |                 |
| <b>Lifetime Ortho Maximum</b><br><i>Per eligible covered dependent child</i>                                                                                                                                                                                    | \$1,000                                                                                                             |                       |                 |
| <b>Late Entrants</b>                                                                                                                                                                                                                                            | Annual Max limited to \$100 for the first 12 months<br>Orthodontic Maximum Limited to \$750 for the first 12 months |                       |                 |
| <b>Deductible</b><br>Per person / per family per calendar year<br><i>No deductible for diagnostic and preventive services or orthodontics</i>                                                                                                                   | \$25/person<br>\$75/family                                                                                          |                       |                 |
| <b>Eligible Dependents</b>                                                                                                                                                                                                                                      | Spouse and dependent children up to age 26                                                                          |                       |                 |
| Covered Services                                                                                                                                                                                                                                                | Dental Benefit Plan Coverage                                                                                        |                       |                 |
| <b>Diagnostic &amp; Preventive Services</b><br>Exams<br>Cleanings<br>X-rays<br>Fluoride treatments<br>Space Maintainers<br>Sealants                                                                                                                             | 100%                                                                                                                | 100%                  | 100%            |
| <b>Basic Services</b><br>Emergency treatment for relief of pain<br>Amalgam restorations (silver fillings)<br>Composite resin restorations (white fillings) on anterior (front) teeth<br>Composite resin restorations (white fillings) on posterior (back) teeth | 80%                                                                                                                 | 80%                   | 80%             |
| <b>Endodontics</b><br>Root canal therapy on permanent teeth<br>Pulpotomies on primary teeth for dependent children                                                                                                                                              | 80%                                                                                                                 | 80%                   | 80%             |
| <b>Periodontics</b><br>Surgical/Nonsurgical periodontics                                                                                                                                                                                                        | 80%                                                                                                                 | 80%                   | 80%             |
| <b>Oral Surgery</b><br>Surgical/Nonsurgical extractions<br>All other covered oral surgery                                                                                                                                                                       | 80%                                                                                                                 | 80%                   | 80%             |
| <b>Major Restorative</b><br>Crowns<br>Crown repair and other major services                                                                                                                                                                                     | 80%<br>50%                                                                                                          | 80%<br>50%            | 80%<br>50%      |
| <b>Prosthetic Repairs and Adjustments</b><br>Denture adjustments and repairs<br>Bridge repairs                                                                                                                                                                  | 50%                                                                                                                 | 50%                   | 50%             |
| <b>Prosthetics</b><br>Dentures (full and partial)<br>Bridges<br>Standard Implant coverage                                                                                                                                                                       | 50%                                                                                                                 | 50%                   | 50%             |
| <b>Orthodontics</b><br>Treatment for the prevention/correction of malocclusion<br><i>Available for eligible members, ages 8 and up</i>                                                                                                                          | 50%                                                                                                                 | 50%                   | 50%             |

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.

\*Dentists who have signed an in-network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Out-of-network dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying out-of-network dentists any difference between the charged amount and the maximum amount payable determined by Delta Dental of Minnesota.

# Make the Most of Your Benefits

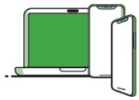
We're so glad you've joined us as your partner in oral health. 89 million members nationwide trust Delta Dental for superior dental expertise, service and savings. Below are resources to help you make the most of your dental benefits utilizing our digital tools, in-network dentists and best-in-class customer service.



## Digital resources to manage your benefits

[DeltaDentalMN.org](https://DeltaDentalMN.org)

At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The Member Portal and mobile app provides 24/7 access to tools for members to self-serve. The Member Portal and mobile app use a single sign on between the platforms, meaning only one username and password are needed for both!



### Member Portal and mobile app features:

- Digital ID card
- Find a dentist
- Coverage details
- Claim details
- Cost estimator
- Digital Explanation of Benefits (EOB)  
*Available exclusively on the Member Portal*



**Sign up for the  
Member Portal**



**Download the  
mobile app**



## Find a dentist

[DeltaDentalMN.org/find-a-dentist](https://DeltaDentalMN.org/find-a-dentist)

Seeking care from a Delta Dental in-network dentist will save you the most money because the dentist cannot charge you more than our allowable fee for services covered under your plan. Our Find a Dentist tool helps you find a dentist that fits your preferences and accessibility. You can also verify your current dentist's network participation.



## Contact us

**Phone: 1-800-448-3815**  
**7a.m. - 7p.m., M-F CST**

**Our customer service team can assist members  
with the following topics:**

### Questions on coverage:

- Benefits and eligibility
- Claim status
- Explanation of Benefits (EOB) details

### Digital access:

- Find a Dentist tool
- Website navigation
- Member Portal questions



## The Power of Smile™

Learn more about how your oral health connects  
to your overall health at:

[DeltaDentalMN.org](https://DeltaDentalMN.org)