

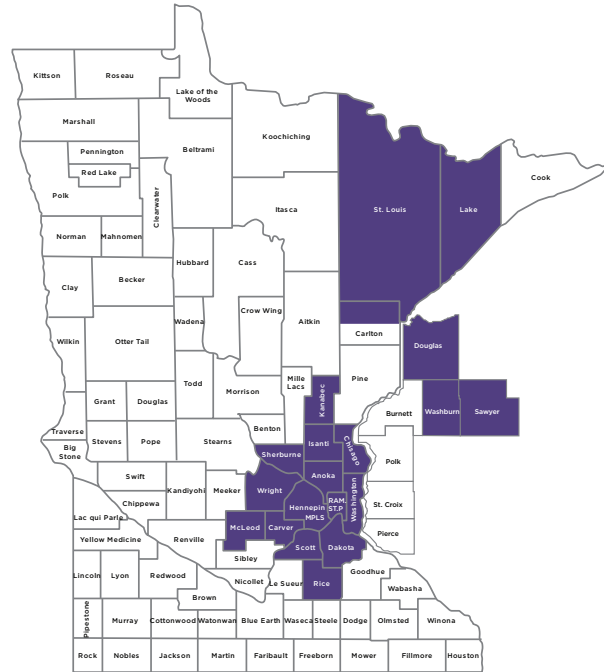


Delta Dental of Minnesota

UPlan Online Tools for Subscribers

Base Plan Determined by Zone

The base plan available to you is determined by zone.



ZONE: Twin Cities metropolitan area and northern/southern surrounding counties and the Duluth area.

BASE PLAN: Delta Dental PPOSM

ZONE: Greater Minnesota

BASE PLAN: Delta Dental Premier[®]

Contact Us

Delta Dental of Minnesota Customer Service

(651) 406-5916 or (800) 553-9536 toll-free
Monday–Friday 7:00 a.m.–7:00 p.m. CST

DeltaDentalMN.org/UofM

Delta Dental of Minnesota – 500 Washington Avenue South,
Suite 2060 Minneapolis, Minnesota 55415-1163
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DDMN.9.14.17

Login to Your Account

DeltaDentalMN.org/UofM

Delta Dental tools for subscribers

Username and Password required.

Eligibility and Benefits Inquiry

With our secure member portal, you can verify eligibility and check plan information, coverage maximums and specific dollar amounts used for plan maximums.

Claims Inquiry

Delta Dental’s secure member portal also provides users with information including procedure detail, amounts owed by you and paid by Delta Dental, deductibles applied and claim status.

Benefit Summaries

For details concerning what your dental plan covers, please view the UPlan Dental Summary of Benefits booklet on the Office of Human Resources “Benefits” web page.

Find A Dentist

In addition to providing advice on how to select a dentist, we are proud to offer a dentist search that lists participating dentists and specialists in your area. It’s easy to see if your dentist participates in the Delta Dental PPOSM or Premier[®] network.

Visit our website at DeltaDentalMN.org and select “Find a Dentist” or call Customer Service at (651) 406-5916 or (800) 553-9536 toll-free.

Note: The University Choice program is an open access program that allows you to see any licensed dentist. You will not find this product or network type under “Find a Dentist”.

Mobile App: Delta Dental

Your oral health is important to Delta Dental and to your overall health! We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are.

Delta Dental’s mobile app gives you access to dentist search, claims and coverage and your ID card right on your mobile device. We even have a toothbrush timer built in to make sure you keep up with your daily oral health routine!



Delta Dental of Minnesota

2018 Delta Dental Benefit Options

Greater Minnesota

UPlan

University of Minnesota

Delta Dental PPOSM
Delta Dental Premier[®]
and University Choice



University of Minnesota

2018 Delta Dental Benefit Options for Minnesota



Delta Dental of Minnesota

Delta Dental Premier® is the base plan for employees in the Greater Minnesota Zone

	Delta Dental PPO SM Group #6100	Delta Dental Premier® Group #6090 BASE PLAN		University Choice Group #6113
	In Network Only Delta Dental PPO SM network dentist only	In Network Delta Dental PPO SM or Premier® network dentist only	Out of Network Dental care provided by non-participating dentist	Open Access Delta Dental PPO SM , Delta Dental Premier® or non-participating dentist**
Diagnostic and Preventive Services Exams, cleanings including periodontal maintenance, X-rays, space maintainers, and fluoride treatment (age 18 and under)	100%	100%	50%	100%
Basic Services • Emergency treatment for relief of pain • Amalgam restorations (silver fillings) • Composite resin restorations (white fillings)* • Sealants (age 18 and under, once per lifetime)	80% Anterior resin restorations paid at 80%. *Posterior resin restorations (white fillings on back teeth) paid as an amalgam.	80% Anterior resin restorations paid at 80%. Posterior resin restorations (white fillings on back teeth) paid at 80%.	50% Anterior resin restorations paid at 50%. Posterior resin restorations (white fillings on back teeth) paid at 50%.	80% Anterior resin restorations paid at 80%. Posterior resin restorations (white fillings on back teeth) paid at 80%.
Oral Surgery • Simple Extractions • Complex Surgical Extractions • Other routine oral surgery	80%	80%	50%	80%
Periodontics • Nonsurgical periodontics • Surgical periodontics	80%	80%	50%	80%
Endodontics • Pulpotomies on primary teeth for dependent children • Root canal therapy on permanent teeth	80%	80%	50%	80%
Basic Restorative Care Crowns and Onlays – replacement benefits allowed after 5 years	80%	80%	50%	80%
Major Restorative Care • Bridges and Dentures (full and partial) – replacement after 5 years • Implant services and implant crown as alternative to initial bridge • Bridge or denture repair and adjustments	50%	50%	0%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion, available for dependent children up to age 19	80%	80%	50%	80%
Deductible (Deductible does not apply to preventive services or orthodontic services) Per person / per family each calendar year	none	none	\$125 per person	\$50 per person Deductible waived for Delta Dental Providers
Calendar Year Plan Maximum - Per person	\$1,800	\$1,800	\$1,800	\$1,800
Life Time Ortho Maximum - Per person (child only coverage)	\$2,800	\$2,800	\$2,800	\$2,800
2018 Employees Bi-Weekly Cost (employee working 75-100% time)	Employee Only \$2.02	Employee Only \$2.02	Employee Only \$2.02	Employee Only \$8.95
	Employee & Child(ren) \$19.35	Employee & Child(ren) \$19.35	Employee & Child(ren) \$19.35	Employee & Child(ren) \$35.92
	Employee & Spouse & Child(ren) \$22.45	Employee & Spouse & Child(ren) \$22.45	Employee & Spouse & Child(ren) \$22.45	Employee & Spouse & Child(ren) \$41.85

Benefits are paid as a percentage of maximum allowable fee.

*Posterior composite resin restorations (white fillings on back teeth) are paid as an amalgam allowance under the Delta Dental PPOSM. The patient will be balance billed the difference between the white filling cost and allowed amalgam filling cost. **All claims processed in the University Choice program to non-participating providers are reimbursed at 80% of the usual and customary fee. This is a summary of covered benefits only. Please refer to your summary plan descriptions for more detail.