

South Koochiching Rainy River ISD 363  
 Client #101843  
 Dental Benefit Highlights  
 Pathfinder Plan 4



Delta Dental of Minnesota

Coverage effective October 1, 2023

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Other Basic Services</b> - misc. services	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%	80%
<b>Minor Restorative Services</b> - fillings	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Anesthesia Services</b> - when medically necessary	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	55%	55%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	55%	55%	50%
<b>Major Restorative Services</b> - crowns	55%	55%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	55%	55%	50%
<b>TMD Treatment</b> - treatment of the disorder of the temporomandibular joint, including related films	55%	55%	50%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	55%	55%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%

**Smiles are powerful.  
Protect yours.**

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. As a member, you have access to the nation's largest dental networks: Delta Dental PPO™ and Delta Dental Premier™.

Dental insurance is designed to help cover the costs associated with your dental care.

**Manage Your Benefits, Any Time**

Our online member portal lets you access your dental plan securely at any time.

You can find a dentist, print ID cards, and receive detailed benefit information on services covered by procedure code and access, print and opt out of paper Explanation of Benefits.

You can also view how much or your annual maximum has been used during this coverage year and easily view the date your next preventative services are eligible for coverage

Sign up today for our member portal at: [www.DeltaDentalMN.org/members](http://www.DeltaDentalMN.org/members)

**Save Money, Go In-Network**

With four out of five dentists nationwide in our network, you can easily find a dentist near you and avoid hidden fees and troublesome paperwork.

**Questions?**

Contact our Customer Service team at 1-800-448-3815 (TTY users call 711) or visit us at [www.DeltaDentalMN.org](http://www.DeltaDentalMN.org).

**Orthodontic Services - continued**

Orthodontic Age Limit -	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19	Dependent Children from the age of 8 up to age 19
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*\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.*

**Maximum Payment** - \$1,500 per person total per Coverage Year on all services, except oral exams, prophylaxis, fluoride treatment, X-rays, periodontal maintenance, cephalometric films, photos, and orthodontic services. \$1,000 per person total per lifetime on cephalometric films, photos, and orthodontic services.

**Deductible** - \$50 Deductible per person total per lifetime on oral exams, prophylaxis, fluoride treatment, X-rays, and periodontal maintenance. \$50 Deductible per person total per Coverage Year limited to a maximum Deductible of \$150 per family per Coverage Year. The Deductible does not apply to oral exams, prophylaxis, fluoride treatment, X-rays, periodontal maintenance, cephalometric films, photos, and orthodontic services.

**Benefit Waiting Period** - There is a 6-month waiting period for certain services. Oral Surgery Services and TMD Treatment will not be covered until after a person is enrolled in the dental plan for 6 consecutive months. Crown Repair, Major Restorative Services, Relines and Repairs, Prosthodontic Services, and Orthodontic Services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

**Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Dental Plan Description for a complete description of benefits, exclusions, and limitations.