



# 2022 Delta Dental Benefit Options

Greater Minnesota

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Delta Dental PPO™  
Delta Dental Premier®

## **UPlan**

University of Minnesota

 **DELTA DENTAL**®

Delta Dental of Minnesota



# University of Minnesota

## 2022 Delta Dental Benefit Options for Minnesota

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

**Delta Dental PPO™ does not offer out-of-network coverage except for emergency situations.**

	Delta Dental PPO™ Group #6100		Delta Dental Premier® Group #6090 (BASE PLAN)	
	In Network Only Delta Dental PPO™ network dentist only		In Network Delta Dental PPO™ or Delta Dental Premier® network dentist only	Out of Network Dental care provided by non-participating dentist
<b>Diagnostic and Preventive Services</b> Exams, cleanings including periodontal maintenance, X-rays, space maintainers, and fluoride treatment (age 18 and under)	100%		100%	50% of allowed amount
<b>Basic Services</b> • 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% of allowed amount Anterior resin restorations paid at 50%. Posterior resin restorations (white fillings on back teeth) paid at 50%.
<b>Basic Restorative Care</b> Crowns and Onlays - replacement benefits allowed after 5 years	80%		80%	50% of allowed amount
<b>Oral Surgery</b> • Simple Extractions • Complex Surgical Extractions • Other routine oral surgery	80%		80%	50% of allowed amount
<b>Periodontics</b> • Nonsurgical periodontics • Surgical periodontics	80%		80%	50% of allowed amount
<b>Endodontics</b> • Pulpotomies on primary teeth for dependent children • Root canal therapy on permanent teeth	80%		80%	50% of allowed amount
<b>Major Restorative Care</b> • 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%
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion, available for dependent children up to age 19	80%		80%	50% of allowed amount
<b>Deductible</b> Per person / per family each calendar year (Deductible does not apply to preventive services or orthodontic services)	none		none	\$125 per person
<b>Calendar Year Plan Maximum - Per person</b>	\$2,000		\$2,000	\$2,000
<b>Life Time Ortho Maximum - Per person (child only coverage)</b>	\$2,800		\$2,800	\$2,800
<b>2022 Employees Bi-Weekly Cost</b> (Employee working 75-100% time)	<b>Group #6100</b>		<b>Group #6090</b>	
Employee Only	\$2.08		\$2.08	
Employee & Child(ren)	\$19.94		\$19.94	
Employee & Spouse & Child(ren)	\$23.14		\$23.14	

- Allowed Amount:**

A set amount the Plan agrees to pay for a service or product when provided by a participating in-network provider. If you go to an out-of-network provider, the allowed amount is established according to the Usual & Customary Charge. When the charges of an out-of-network provider are higher than the allowed amount, the member is generally responsible for the difference.

- OUT-OF-NETWORK PROVIDERS (DELTA DENTAL PREMIER ONLY): REIMBURSEMENT IS BASED OFF 50% OF THE ALLOWED AMOUNT.**

If you use an out-of-network provider, you will receive significantly lower reimbursement amounts for services compared to the reimbursements you would receive from a Delta Dental in-network provider.

It is strongly encouraged that your provider submit a pre-treatment estimate prior to services being received. This will prevent any surprise charges after treatment has been received.

If you receive services from an out-of-network provider, you may need to:

- Pay for services up-front
- Pay more money for services than you would with an in-network dentist
- File the dental claim form with Delta Dental
- Receive reimbursements sent directly to you from Delta Dental

- Find a in-network provider at [DeltaDentalMN.org/UofM](https://www.DeltaDentalMN.org/UofM)**

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 PPO™.

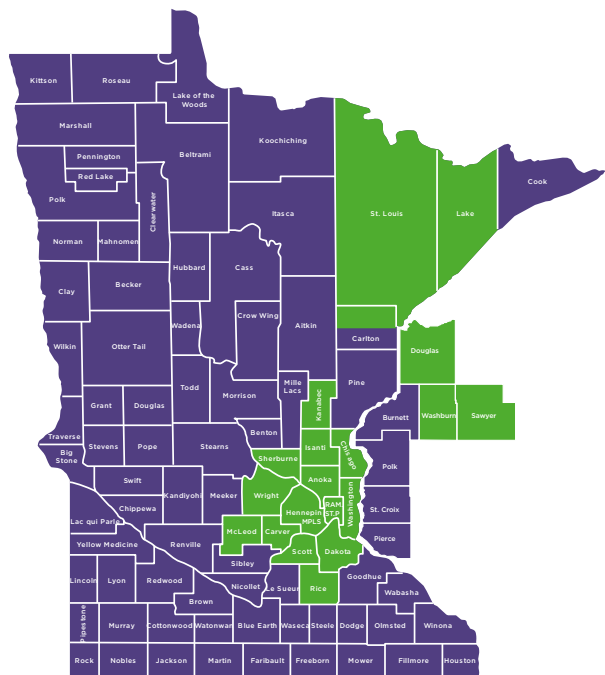
The patient will be balance billed the difference between the white filling cost and allowed amalgam filling cost.

This is a summary of covered benefits only. Please refer to your Summary of Benefits for more detail.

# UPlan Online Tools for Subscribers

## Base Plan Determined by Zone

The base plan available to you is determined by zone.



### Zone: Twin Cities and Duluth

Metropolitan area and northern/southern surrounding counties and the Duluth area.

**Base Plan: Delta Dental PPO™**

### Zone: Greater Minnesota

**Base Plan: Delta Dental Premier®**

## Login to Your Account

[DeltaDentalMN.org/UofM](https://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 Booklet

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 PPO™ or Delta Dental Premier® network.

Visit our website at [DeltaDentalMN.org/UofM](https://DeltaDentalMN.org/UofM) and select "Find a Dentist" or call Customer Service at (651) 406-5901 or (800) 448-3815 toll-free.

## 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. Central

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

## 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!