

# Albert Lea Area Schools

## Group #326126

Plan Benefit Highlights			
Network(s)	Delta Dental PPO™	Delta Dental Premier®	Non-Participating*
<b>Calendar Year Plan Maximum</b> Per person	\$1,200	\$1,200	\$1,200
<b>Lifetime Ortho Maximum</b> <i>Per eligible covered person</i>	\$1,000	\$1,000	\$1,000
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	\$50/person \$150/family	\$50/person \$150/family	\$50/person \$150/family
<b>Eligible Dependents</b>	Spouse Dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
<b>Diagnostic &amp; Preventive Services</b> Exams Cleanings X-rays Fluoride treatments Space maintainers Sealants	100%	100%	100%
<b>Basic Services</b> Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth Composite resin restorations (white fillings) on posterior (back) teeth will be paid at the amalgam allowance.	80%	80%	80%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	60%	60%	60%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	80%	80%	80%
<b>Oral Surgery</b> Surgical/ Nonsurgical extractions All other covered oral surgery	60%	60%	60%
<b>Major Restorative</b> Crowns Crown repair	60%	60%	60%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs Bridge repair	60%	60%	60%
<b>Prosthetics +</b> Dentures (full and partial) Bridges Standard Implant Coverage	60%	60%	60%
<b>Orthodontics</b> Treatment for the prevention/correction of malocclusion <i>Available for dependent children only, ages 8-18</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 a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

+Missing tooth exclusion applies to the Initial installation of full or partial dentures, implants or fixed bridgework to replace a tooth (teeth) which was extracted prior to becoming a covered person during the first 24-months of coverage.



# Make the Most of Your Benefits

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. Dental insurance is designed to pay a portion of the costs associated with your dental care. Having dental insurance is essential to keeping your mouth healthy by providing access to preventative care, such as cleanings and X-rays, and helps cover extensive dental procedures such as crowns and fillings.

## Online Tools for Members:

[www.DeltaDentalMN.org](http://www.DeltaDentalMN.org)



### Save Money, Go In Network:

Search for a participating dentist or specialist, clinic or location. By seeking care from a Delta Dental network dentist, you will save the most money because the dentist is not allowed to bill you more than our allowable charge.



### Dental Insurance 101:

Robust member tools including commonly defined insurance terms, videos and frequently asked questions.



### Oral Health Resources:

Access dental and health information including a section dedicated to kids' oral health.



### Cost Estimator:

Use our cost estimator to find out what a dental procedure will cost, or you can always request a pre-treatment estimate from your dentist.



## Prefer to Speak to Someone?

### Call our national customer service

Toll Free: 1-800-448-3815

Local: 651-406-5901

Monday-Friday: 7 a.m.-7p.m. central

## Tools Available in the Secure Member Portal



### Coverage Summary:

Review your dental plan information including eligibility, waiting periods, plan maximums and frequency limitations.



### Claims Inquiry:

View claim status, procedure details, dates of service and applied deductibles.

View your explanation of benefits (EOB) online.

Check out our new feature to opt-out of the paper delivery of your EOB.



### Print ID Cards:

Print a digital or replacement ID card.

## Secure Member Portal Registration

1. On [DeltaDentalMN.org](http://DeltaDentalMN.org), go to the member page and click "Access My Secure Portal"
2. Select the Employer Plan option click "Log In Here" and follow the steps to register.
3. Remember your username and password because you will need them each time you log in.

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

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