

Northern Minnesota Dental, Inc.

Program of Dental Benefits

ISD #701

Self-Funded Dental Plan

Employer Self-Funded Dental Plan:

This Self-Funded Dental Plan ("Dental Plan") is issued by ISD #701 for the benefit of its employees, their spouses, and dependent children. ISD #701 hereby agrees to provide the dental services described in this Dental Plan subject to exclusions, limitations, and conditions set forth herein.

ISD #701 has entered into an agreement with Arrowhead Administrators, LLC (dba Northern Minnesota Dental, Inc. ("NMD")), to arrange for the provision of the dental services described in this Dental Plan. NMD has entered into agreements with Member Dentists to provide the dental services covered by this Dental Plan.

This Dental Plan shall be effective July 1, 2014.

Schedule of Dental Plan Benefits

..... Employees are free to go to the dentist of their choice.

Plan Year July 1st through June 30th

Basic Dental Plan (Non-Member Dentist):

- The Dental Plan provides for indicated percentage of the usual and customary fees up to a maximum per year.
- You can be billed for fees in excess of what is determined usual and customary.

• Coverage A	Diagnostic and Preventative Services:	85%
• Coverage B	Basic and Special Restorative Services:	80%
• Coverage C	Prosthetics:	80%
• Coverage D	Orthodontics:	50%
• Coverage E	TMJ (Temporomandibular Joint Dysfunction):	0%

Maximum Benefits		
• Coverage A	\$1,000.00	Per person per year
• Coverage B		
• Coverage C		
• Coverage D	\$1,000.00	Per person per lifetime (eight (8) to nineteen (19) years of age)
• Coverage E	No Coverage	
• Deductible	\$25.00	Per person per year (\$75.00 maximum per family)

Enhanced Dental Plan (Member Dentist):

- The Dental Plan provides for indicated percentage of the usual and customary fees up to a maximum per year.
- You cannot be billed for fees in excess of what is determined usual and customary.

• Coverage A	Diagnostic and Preventative Services:	85%
• Coverage B	Basic and Special Restorative Services:	80%
• Coverage C	Prosthetics:	80%
• Coverage D	Orthodontics:	50%
• Coverage E	TMJ (Temporomandibular Joint Dysfunction):	0%

Maximum Benefits		
• Coverage A	\$1,000.00	Per person per year
• Coverage B		
• Coverage C		
• Coverage D	\$1,000.00	Per person per lifetime (eight (8) to nineteen (19) years of age)
• Coverage E	No Coverage	
• Deductible	\$25.00	Per person per year (\$75.00 maximum per family)

Prior Authorization:

A prior authorization of costs with the appropriate p.a. x-rays and narrative must be submitted to NMD for any dental treatment involving major restorative, periodontic, prosthetic, or orthodontic care. This is to verify that the proposed treatment is covered by the Dental Plan, benefits, and estimate the amount of payment.

Failure to submit a prior authorization of costs before treatment is performed will result in the patient being responsible for payment of any dental treatment not approved by the Dental Plan and NMD.

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Section I: Dental Plan Definitions

For purposes of this Dental Plan:

1. **“Co-payment”** means the charge the covered person is required to pay for certain dental services. The covered person is required to pay any co-payment directly to the dentist at the time the service is rendered.
2. **“Covered Person”** means an employee or former employee of an employer who is eligible for dental benefits pursuant to the rules of the employer.
3. **“Congenital Anomaly”** means a defective oral development or formation that is determined by a dentist to have been present since birth.
4. **“Dependent Children”** means the employee’s own or legally adopted unmarried children under the age of twenty-five (25), who are primarily dependent on the employee for support and maintenance. A dependent child also includes a child for whom the employee or the employee’s spouse has been appointed legal guardian. A dependent child twenty-five (25) years of age or older shall not be eligible for coverage under this Dental Plan unless such child is disabled.

A child is disabled if he or she is incapable of self-sustaining employment by reason of a mental or physical handicap and is primarily dependent on the employee for support and maintenance. The employee shall furnish the employer and / or NMD with proof of disability upon request by the employer and / or NMD. A disabled child shall be eligible for coverage regardless of age.

A dependent child shall continue to be eligible for coverage until the age of twenty-five (25) if the child is unmarried and not regularly employed on a full-time basis.

5. **“Deductible”** means the annual amount of charges for dental services that a covered person is required to pay in advance of any coverage of dental services provided by a Member and / or Non-Member Dentist as specified on the Schedule of Dental Plan Benefits.
6. **“Dental Services”** means the dental care services and supplies eligible for coverage under this Dental Plan.
7. **“Emergency”** means a serious dental condition resulting from the sudden onset of physical illness or accidental injury to teeth and gums, which requires immediate care and treatment to avoid permanent harm to the covered person.
8. **“Dentally Necessary”** means a dental service which is required for the treatment of a dental condition that is consistent with accepted dental practice in the State of Minnesota and that could not be omitted without adversely affecting the patient’s condition.
9. **“Member Dentist”** means a doctor of dental surgery “DDS” who is duly licensed to practice dentistry in the State of Minnesota and who has entered into a Participation Agreement with NMD to provide dental services to covered persons.
10. **“Non-Member Dentist”** means a doctor of dental surgery “DDS” who is duly licensed to practice dentistry in the State of Minnesota or any other state who has not entered into a Participation Agreement with NMD to provide dental services to covered persons.

11. **“Treatment Plan”** means a program of dental care services performed or to be performed by a Member or Non-Member Dentist.
12. **“Participation Agreement”** means the contract between a Member Dentist and NMD whereby the Member Dentist agrees to provide dental services to covered persons.
13. **“Prior Authorization”** means a requirement that NMD approve a treatment plan or dental service prior to providing dental services to a covered person.
14. **“Usual and Customary Fees”** means fees for dental services that do not exceed the usual fees charged by dentists of similar training and experience for the same services within the same geographic area as determined by NMD.
15. **“Coverage Year”** means a twelve (12) month period of time over which the deductible (*if any*) and maximums apply and is measured from the date this Dental Plan initially became effective.
16. **“Termination Date”** means the date of coverage for dental services shall cease pursuant to Section II of this Dental Plan.

Section II: *Termination of Coverage*

Coverage for dental services of any covered person shall terminate on the earliest of the following termination dates:

1. The date the contract between NMD and the employer is terminated.
2. The date the employer and / or NMD receives written notice from the covered person requesting termination of coverage, or the date requested in such notice, if later.
3. The last day of the month in which the employee retires, is terminated from employment, or suffers a reduction in hours resulting in loss of dental coverage, except where the employee, spouse, or dependent children elect continuation of dental care coverage pursuant to Section III of this Dental Plan.
4. *For an employee’s spouse and dependent children:* The last day of the month in which an employee dies or becomes entitled to Medicare benefits or the employee’s spouse becomes legally separated from the employee, or dependent children elect continuation of dental care coverage pursuant to Section III of this Dental Plan.
5. *For any dependent children:* The last day of the month in which a dependent child is eligible for coverage under this Dental Plan, except where the dependent child elects continuation of dental care coverage pursuant to Section III of this Dental Plan.

Section III: *Continuation of Coverage (COBRA)*

Coverage under this Dental Plan may continue subsequent to certain termination dates, if the employer provides extension of non-core benefits, and if the covered person elects in writing to continue coverage and assumes responsibility for the payment of any applicable premium as set forth in this Section.

1. *Continuation of Dental Care Coverage:* Certain covered person may elect to continue dental care coverage if the covered person was covered under this Dental Plan the day before the occurrence of any of the following qualifying events:
 - (a) For an employee, the employee's spouse, and dependent children:
 - 1) The employee is terminated, laid off, or has a reduction in hours worked.
 - 2) The employee retires and is not eligible for Medicare.
 - 3) The employee retires and the Dental Plan files for bankruptcy resulting in a substantial reduction in coverage within one (1) year before or after the bankruptcy filing.
 - (b) For an employee's spouse, and dependent children:
 - 1) The employee's death.
 - 2) The employee becomes divorced or legally separated from the employee.
 - 3) The employee becomes entitled to Medicare benefits.
 - (c) For dependent children:
 - 1) Covered dependent children become ineligible for coverage under this Dental Plan.
2. *Continuation Coverage Periods:*
 - (a) **Termination and Reduction in Hours:** In the event of termination or reduction in hours, the employee may elect up to eighteen (18) months of continuation coverage.
 - (b) **Divorce, Legal Separation, Medicare Eligibility, and Loss of Dependent:** In the event of a divorce, legal separation from the employee, the employee's eligibility for Medicare, or the loss of dependent status by a dependent child, the spouse and / or dependent children may elect up to thirty-six (36) months of continuation coverage.
 - (c) **Bankruptcy:** In the event of bankruptcy, a retiree or an employee's widow or widower is entitled to continuation coverage until their death. In the case of dependent children, or the spouse of a retiree living at the date of loss of coverage, the maximum period of coverage is thirty-six (36) months after the death of the retiree.
 - (d) **Disability:** In the event that the employee is disabled and is no longer able to work, the employee and the covered dependents may continue coverage until the earliest of twenty-nine (29) months after coverage terminates, the date total disability ends, the date the employee becomes eligible for Medicare, or the date coverage would otherwise terminate under Section 4 below.
3. *Second Qualifying Events:* A covered dependent who is being covered under continuation coverage due to a qualifying event will be entitled to elect a second period of continuation if one of the following qualifying events occurs:
 - (a) The divorce of the employee and spouse.
 - (b) The employee's death.
 - (c) The employee's enrollment in Medicare.

(d) The loss of eligibility as a covered dependent child.

The covered dependent must notify the employer or the NMD office of the second qualifying event within thirty (30) days after it occurs. The covered dependent may elect a second period of continuation, and the maximum period of time for the second period of continuation will be as described for that qualifying event under Section 2: “*Continuation Coverage Periods*”. In no event will the second period of continuation extend beyond the date coverage would otherwise terminate under Section 4, or for a dependent child, thirty-six (36) months after becoming ineligible for coverage.

4. *Termination of Continuation:* Continuation coverage under this Section will terminate prior to the expiration of the continuation coverage period upon the occurrence of any of the following events:
 3. The employer cancels or terminates coverage under this Dental Plan and ceases to offer any dental care coverage.
 4. The employee or covered dependent fails to pay their premium with the thirty (30) day grace period.
 5. The employee or covered dependent becomes covered for dental services under another dental benefit plan.
 6. The employee or covered dependent becomes entitled to Medicare except where bankruptcy is the qualifying event.
5. *Payment of Premium:* Any covered person receiving continuation coverage under this Section is responsible for the payment of any applicable premium. NMD or the employer’s plan administrator will notify the covered person of his or her right to continue coverage under this Section, the amount and method of payment to continue coverage, and the date payments are due.

Section IV: Services Covered by the Dental Plan

The following services are payable in accordance with the Schedule of Dental Plan Benefits for Member or Non-Member Dentists, based on the usual and customary fees as established:

Coverage A: Diagnostic and Preventative

		Member Dentist	Non-Member Dentist
♦ Routine and Periodic Exams	↻	6-Month Intervals	6-Month Intervals
♦ Bitewing X-rays	↻	12-Month Intervals	12-Month Intervals
♦ Full Mouth X-rays	↻	3-Year Intervals	3-Year Intervals
♦ Dental Prophylaxis	↻	6-Month Intervals	6-Month Intervals
♦ Topical Fluoride Application	↻	12-Month Intervals	12-Month Intervals
Limitation: Fluoride benefit is provided for covered dependents up to age 18.			
♦ Sealants	↻	5-Year Intervals	5-Year Intervals
Limitation: Sealants are provided for permanent teeth only and for covered dependents up to age 18.			
♦ Oral Hygiene Instruction	↻	Once per Lifetime	Once per Lifetime

Coverage B: Basic and Special Restorative Services

- ♦ Emergency treatment for the relief of pain.
- ♦ Amalgam, synthetic porcelain, plastic, and composite restorations.
- ♦ Routine oral surgery, including alveolectomy and pre and post-operative care.
- ♦ Endodontics, including pulpal therapy and root canal fillings.
- ♦ Non-surgical and surgical periodontics.
- ♦ All other oral surgery.
- ♦ Space maintainers for dependent children **up to** age sixteen (16).
- ♦ Special Restorative Services to restore lost tooth structure as a result of tooth decay or fracture including: *Crowns, jackets, pre-formed crowns, onlays or inlays when the tooth cannot be restored with another filling material.*

Limitation: *Benefit for the replacement of a crown, onlay or inlay will be provided only after a five (5) year period has elapsed.*

Crowns are payable for all teeth, pending approval by the Review Committee.

Coverage C: Prosthetics

- ♦ Bridges, partial and complete dentures, implants, crowns when used as abutments to a bridge.
- ♦ Prosthetic repairs, adjustments, and relines to prosthetic appliances.

Limitation: *A given prosthetic appliance for the purpose of replacing an existing appliance will not be provided more than once in any five (5) year period, and then only in the event the existing appliance is not, and cannot, be measured from the date on which the appliance was last supplied whether under this Dental Plan or not.*

The term “existing” is intended to include an appliance that was placed at the inception of the aforesaid five (5) year period, but which, for whatever reason, is no longer in the possession of the covered person.

Exclusion: *Coverage is not provided for the replacement of misplaced, lost, or stolen dental prosthetic appliances.*

Coverage D: Orthodontics

For treatment necessary for the prevention and correction of malocclusion of teeth and associated dental and facial disharmonies.

Limitation: *Orthodontics is subject to a lifetime maximum benefit payment as stated in the Schedule of Dental Plan Benefits and is provided for covered dependents between the ages of eight (8) and nineteen (19).*

Section V: Exclusions

The following dental services and all associated expenses **are not** covered under this Dental Plan:

1. Services performed purely for cosmetic purposes or to correct congenital anomalies.
2. Services of general anesthesia, except when performed by a dentist or an employee of a dentist in his office, in conjunction with covered dental services.

3. Replacement of prosthetic or orthodontic appliances that are misplaced, lost, or stolen.
4. Charges for programs of treatment, prosthetics, or replacement of non-restorable teeth which were undertaken prior to the date the covered person became entitled to receive dental services under this Dental Plan.
5. Occupational accidents or sickness covered by Worker's Compensation.
6. New or experimental dental techniques or procedures not approved by the American Dental Association.
7. Dental services which NMD is unable to provide because of any law or regulation of federal, state, or local government, or any action taken by any agency of federal, state, or local government.
8. Veneers (*bonding of coverings to teeth*).
9. TMJ treatment procedures, surgery related to TMJ, and osteotomies.
10. Charges in excess of the usual and customary fees as established.
11. Charges for any dental procedures or health services not specifically covered under this Dental Plan, to include hospital, physician, and prescription drug charges.
12. Charges for fluoride treatment for persons attaining age eighteen (18).
13. Charges for sealants for persons attaining age eighteen (18), and then only as provided in Section IV of this Dental Plan.
14. Charges for space maintainers for persons attaining age sixteen (16).

A person is fully responsible for all charges and expenses associated with dental care services and supplies not expressly covered by this Dental Plan.

Alternate Treatment Plans

In any case involving alternative treatment plans, the covered person and the dentist shall decide which treatment plan shall be implemented. NMD will be responsible for benefits payable only on applicable percentage of the least costly, commonly performed treatment. The covered person will be responsible for the balance of the treatment payment.

Section VI: *Emergency Care*

In the case of an emergency, a covered person may elect to obtain dental services from a Member or Non-Member Dentist. Dental services rendered by a Non-Member Dentist as follow-up to emergency dental services will be reimbursed pursuant to Section IV of this Dental Plan. The dental services covered by this Dental Plan in an emergency shall be limited to those dental services covered by this Dental Plan in a non-emergency.

A covered person shall notify NMD within ten (10) days of receipt of emergency dental services by a Non-Member Dentist. This notice must include the date the care was received, the name of the dentist, and a full description of the care provided.

Section VII: *Prior Authorization*

A prior authorization of cost with appropriate p.a. x-rays and narrative must be submitted to NMD for any dental treatment involving major restorative, periodontic, or orthodontic care.

This is to verify that the proposed treatment is covered by NMD dental benefits and to estimate the amount of payment.

Failure to submit a prior authorization of cost before the treatment is performed will result in the patient being responsible for payment of any dental treatment not approved by NMD.

Section VIII: *Reimbursement*

Dental Services Rendered by a Non-Member Dentist

A covered person is responsible for payment of the full amount of any bill submitted by a Non-Member Dentist. Written claims must be submitted to NMD within sixty (60) days of the date the covered person received the dental services from a Non-Member Dentist. Coverage for dental services received from a Non-Member Dentist may be denied or reduced if the covered person does not submit written proof of loss within sixty (60) days.

Dental Services Rendered by a Member Dentist

A Member Dentist shall not submit bills, claims, or claim forms to covered persons for dental services covered under this Dental Plan. A covered person shall pay all applicable co-payment charges directly to a Member Dentist at the time the services are rendered.

Section IX: *Deductible*

A covered person is responsible for the annual deductible, if any, as stated in the Schedule of Dental Plan Benefits. Coverage of eligible dental services begins when the covered person has incurred and submitted to NMD proof of payment of the deductible amount for dental services eligible for coverage under this agreement.

Section X: *Covered Fees*

Under this Dental Plan employees are free to go to the dentist of their choice. Payment is based on usual and customary fees. Amounts in excess of usual and customary fees are not considered eligible expenses by this Dental Plan.

Section XI: *Miscellaneous*

1. *Identification of Member Dentists:* NMD shall provide covered persons with a current list of Member Dentists, their addresses, and specialties. NMD shall periodically provide covered persons with notice of any changes in the list of Member Dentists.
2. *Entire Contract:* This agreement constitutes the entire Dental Plan offered by the employer with respect to the provision of dental services.

3. *Notices:* Any notice required to be given under this agreement shall be in writing. All notices shall be effective upon mailing, by first class mail, postage prepaid, to the address shown on the records of the employer. The covered person is responsible for providing the employer with correct address information.
4. *Dental Records:* A covered person shall authorize and direct, upon request by the employer or NMD the release to the employer or NMD of any and all dental records relating to an exam or treatment rendered to a covered person.

Section XII: Coordination of Benefits

If you or dependents are eligible for dental benefits under this Dental Plan and under another dental program, benefits will be coordinated so that no more than 100% of the usual and customary fees are paid jointly by the plans. As defined in Section I “usual and customary fees” are determined prior to calculating all percentages, deductibles, and benefit maximums.

The Coordination of Benefits provision determines which plan has the primary responsibility for providing the first payment on a claim. In establishing the order, the plan covering the patient as an employee has the primary responsibility for providing benefits before the plan covering the patient as a dependent. If the patient is a dependent child, the program with the parent whose month and day of birth falls earlier in the calendar year has the primary payment responsibility. In the event that both parents have the same birth date, the plan in effect the longest has the primary payment responsibility.

If the other program does not have a coordination of benefits provision, that plan most generally has the primary payment responsibility.

Note: *When coordination of benefits applies for dependent children, provide the dentist with the birth dates of both parents.*

Section XIII: Subrogation

Upon receipt of dental services under this Dental Plan, the covered person shall assign, transfer, and subrogate to the employer all of the covered person’s rights of recovery against any third party. The employer may require an assignment of rights from the covered person to the extent of the reasonable value of services and benefits provided by NMD, plus the reasonable cost of collection.

The covered person shall cooperate with the employer in assisting it to protect its legal rights under these subrogation provisions and acknowledges that the employer’s subrogation rights under this Section shall be considered as the first priority claim against any third party, to be paid before any other claims are paid, whether or not the covered person has been made whole or has recovered his or her total amount of damages.

In the event that the covered person shall be deemed to have been made whole by the settlement, and the employer shall be entitled to collect its subrogation rights as the first priority claim from the settlement fund. The covered person shall not prejudice the employer’s rights under this provision, either before or after the need for services or benefits under this Dental Plan has elapsed. The employer may, at its option, collect such amounts from the proceeds of any settlement or judgement that may be recovered by a covered person or the covered person’s legal representative.

Any proceeds of settlement or judgement shall be held in trust by the covered person for the benefit of the employer under these subrogation provisions, and the employer shall be entitled to recover reasonable attorney's fees from such covered person incurred in collecting proceeds held by the covered person.

The employer may assign any and all of its rights, duties, and responsibilities under this provision to NMD. In the event the employer assigns any rights, duties, and responsibilities hereunder, a covered person shall cooperate fully with NMD as fully as if NMD were the employer hereunder.

Section XIV: *Benefits Appeals Procedure*

1. *Filing of Claims:* When a claim for benefits is submitted to NMD, NMD will determine eligibility and have the amount of benefits payable determined, if any.

In the event that NMD determines that no benefits are payable, the Administrative Manager of NMD shall give written notice to the covered person, dependents, beneficiaries, or authorized legal representative, as may be appropriate (*collectively referred to in the Benefits Appeals Procedure as "Participant"*). Whenever there has been a denial in whole or in part of such Participant's claim with respect to the eligibility for or amount of the benefit. Such notice shall include the following:

- (a) The specific reason or reasons for the denial.
 - (b) Reference to pertinent provisions of the Dental Plan on which the denial was based.
 - (c) A description of any additional material or information, if any, necessary for the Participant to perfect the claim, and, where appropriate, an explanation of why such material or information is necessary.
 - (d) An explanation of the Dental Plan's Benefits Appeals Procedure.
2. *Request for Review:* Within sixty (60) days after the receipt by the Participant of the required notice, wherein the Participant's claim for benefits is denied in whole or in part, or if the Participant is otherwise dissatisfied with a determination of the Administrative Manager of NMD with respect to the eligibility for, or amount of benefit, the Participant may, in writing perform one of the following:
 - (a) Request a review of such denial of such claim.
 - (b) Request an inspection of designated, pertinent documents of files.
 - (c) Submit issue and comments, as well as any additional or supplemental information or material that may have been requested in the notice of denial referred to in (a) or which the Participant may consider desirable or necessary.

As part of such written request for review, a Participant may request a hearing, and in such event, the Participant (*or duly authorized representative of their choice*), shall be afforded an opportunity to appear before the Board of Directors, or at the Board's discretion, before a committee thereof.

With respect to any matter as to which a Participant requests review in accordance with this Section, the Board of Directors, or a committee thereof, respectively shall act by the vote of a majority of its members present and shall notify the Participant of its decision.:

- (a) Within sixty (60) days after receipt, by the office of the Administrative Manager of NMD, of the written request for review in accordance with this Section is no hearing is requested in accordance with (b).

- (b) Within one hundred twenty (120) days after receipt by the office of the Administrative Manager of NMD of the written request for review of the denial of the claim if a hearing is requested in accordance with this Section.

The decision of the Board of Directors, or a committee thereof, respectively, on review shall be in writing and shall include:

- (a) Specific reasons for the decision.

- (b) References to pertinent provisions of the Dental Plan on which the decision is based.

- 3. *Exhaustion of Administrative Remedies:* The procedure described in the Benefits Appeals Procedure must be followed and exhausted before any Participant may institute any legal action (*including actions or proceedings before administrative agencies*) with respect to a claim concerning the eligibility for, or amount of, benefits from and under this Dental Plan.

Northern Minnesota Dental, Inc. Participating Provider Network

Member Dentists by City

Bemidji

- ♦ **Bakke, Jonetta**(218) 751-8325
430 25th Street – Bemidji, MN 56601
- ♦ **Scotland, Lee**(218) 751-8325
430 25th Street – Bemidji, MN 56601

Biwabik

- ♦ **Skala, Mark**(218) 865-4131
508 South Main Street – Biwabik, MN 55708

Chisholm

- ♦ **Enich, Steve**(218) 254-3311
217 1st Street NW – Chisholm, MN 55719
- ♦ **Swennes, Harold**(218) 254-3311
217 1st Street NW – Chisholm, MN 55719

Cloquet

- ♦ **Gunelson, Kraig**(218) 879-3341
1419 Cloquet Avenue – Cloquet, MN 55720

Coleraine

- ♦ **Anderson, Jordan**(218) 245-1278
209 McLean Avenue – Coleraine, MN 55722
- ♦ **Schroeder, Barbara** (*see also Grand Rapids*)(218) 245-2451
303 Powell Avenue – Coleraine, MN 55722
- ♦ **Schroeder, Matthew** (*see also Grand Rapids*)(218) 245-2451
303 Powell Avenue – Coleraine, MN 55722

Deer River

- ♦ **Carter, Jeffrey**(218) 246-8200
111 Main Avenue West – Deer River, MN 56636

Duluth

- ♦ **Bellamy, Daniel**(218) 724-1332
1324 East 1st Street – Duluth, MN 55805
- ♦ **Bellamy, Kathleen**(218) 724-1332
1324 East 1st Street – Duluth, MN 55805
- ♦ **Bellamy, William**(218) 724-1332
1324 East 1st Street – Duluth, MN 55805
- ♦ **Carter, Christina**(218) 722-1070
1832 Maple Grove Road – Duluth, MN 55811
- ♦ **Cyr, Audrey**(218) 722-1070
1832 Maple Grove Road – Duluth, MN 55811

Northern Minnesota Dental, Inc. Participating Provider Network

Member Dentists by City

Duluth (Continued)

- ♦ **Davidson, Whitney**(218) 606-1040
906 Woodland Avenue – Duluth, MN 55812
- ♦ **Graber, Steven**(218) 728-2144
1932 London Road – Duluth, MN 55812
- ♦ **Hammer, Kyle**
 - 1432 London Road – Duluth, MN 55805(218) 728-5095
 - 1832 Maple Grove Road – Duluth, MN 55811(218) 722-1070
- ♦ **Hedin, Gary**(218) 722-3679
324 West Superior Street, #828 – Duluth, MN 55802
- ♦ **Jugovich, Matt**(218) 729-7270
5651 Miller Trunk Highway – Duluth, MN 55811
- ♦ **Kaake, Gregory**(218) 722-1070
1832 Maple Grove Road – Duluth, MN 55811
- ♦ **Kottke, Steven**(218) 606-1040
906 Woodland Avenue – Duluth, MN 55812
- ♦ **L'Abbe, Steve**(218) 728-5095
1432 London Road – Duluth, MN 55805
- ♦ **Langguth, Timothy**(218) 722-0219
324 West Superior Street, #1111 – Duluth, MN 55802
- ♦ **Patterson, Eileen**(218) 722-1949
324 West Superior Street, #1130 – Duluth, MN 55802

Edina

- ♦ **Schneider, Carl E.**(952) 922-2159
3925 West 44th Street – Edina, MN 55424

Ely

- ♦ **Anderson, Scott**(218) 365-3194
33 East Chapman Street – Ely, MN 55731

Eveleth

- ♦ **Epp, Gary**(218) 744-5440
320 Grant Avenue – Eveleth, MN 55734

Gilbert

- ♦ **Cobby, Whitney**(218) 248-8461
12 North Broadway Avenue – Gilbert, MN 55741

Grand Rapids

- ♦ **Bolz, Jeffrey**(218) 326-3240
512 N.E. 1st Avenue – Grand Rapids, MN 55744
- ♦ **Buchert, Rachel**(218) 326-3438
220 S.E. 21st Street – Grand Rapids, MN 55744

Northern Minnesota Dental, Inc. Participating Provider Network

Member Dentists by City

Grand Rapids (Continued)

- ♦ **Cargill, Kathryn**(218) 326-2901
520 5th Street N.W. – Grand Rapids, MN 55744
- ♦ **Hagley, Mike**(218) 326-3438
220 S.E. 21st Street – Grand Rapids, MN 55744
- ♦ **Hallie, Erick**(218) 326-2901
520 5th Street N.W. – Grand Rapids, MN 55744
- ♦ **Ihle, Jacob**(218) 326-2901
520 5th Street N.W. – Grand Rapids, MN 55744
- ♦ **Jess, Lee**(218) 326-3231
501 Pokegama Avenue South – Grand Rapids, MN 55744
- ♦ **Johnson, James**(218) 326-2531
512 N.E. 1st Avenue – Grand Rapids, MN 55744
- ♦ **Johnson, Lisa**(218) 326-0339
1604 Golf Course Road – Grand Rapids, MN 55744
- ♦ **Kuehn, Andrew**(218) 326-3437
1121 S.E. 4th Avenue – Grand Rapids, MN 55744
- ♦ **McBride, Leanna**(218) 326-0339
1604 Golf Course Road – Grand Rapids, MN 55744
- ♦ **Miskovich, Mike N.**(218) 326-3437
1121 S.E. 4th Avenue – Grand Rapids, MN 55744
- ♦ **Miskovich, Peter J.**(218) 326-3437
1121 S.E. 4th Avenue – Grand Rapids, MN 55744
- ♦ **Rostvold, James** (*see also Remer*)(218) 326-2560
1043 East Highway 169 – Grand Rapids, MN 55744
- ♦ **Rowell, Byron**(218) 326-1266
510 2nd Avenue N.W. – Grand Rapids, MN 55744
- ♦ **Schroeder, Barbara** (*see also Coleraine*)(218) 326-9051
403 N.E. 5th Avenue – Grand Rapids, MN 55744
- ♦ **Schroeder, Matthew** (*see also Coleraine*)(218) 326-9051
403 N.E. 5th Avenue – Grand Rapids, MN 55744
- ♦ **Sherman, Charles**(218) 326-2901
520 5th Street N.W. – Grand Rapids, MN 55744
- ♦ **Singsank, Dean**(218) 326-3439
220 S.E. 21st Street – Grand Rapids, MN 55744

Hermantown

- ♦ **Johnson, Jeff** (*see also Proctor*)(218) 729-9810
5086 Miller Trunk Highway – Hermantown, MN 55811
- ♦ **McDonald, Brian** (*see also Proctor*)(218) 729-9810
5086 Miller Trunk Highway – Hermantown, MN 55811

Northern Minnesota Dental, Inc. Participating Provider Network

Member Dentists by City

Hibbing

- ♦ **Enich, Mike**(218) 263-8348
2005 8th Avenue East – Hibbing, MN 55746
- ♦ **Gustafson, Derek**(218) 262-5536
2011 3rd Avenue East – Hibbing, MN 55746
- ♦ **Jacobson, Patricia**(218) 262-3730
411 East Howard Street – Hibbing, MN 55746
- ♦ **Johnsrud, Brekke**(218) 263-8951
2020 1st Avenue – Hibbing, MN 55746
- ♦ **Pedersen, Nathan**(218) 263-8381
802 West 42nd Street – Hibbing, MN 55746
- ♦ **Smestad, Jacob**(218) 263-8951
2020 1st Avenue – Hibbing, MN 55746
- ♦ **Stoneburner, David**(218) 263-8348
2005 8th Avenue East – Hibbing, MN 55746
- ♦ **Stoneburner, Jeanelle**(218) 263-8348
2005 8th Avenue East – Hibbing, MN 55746
- ♦ **Witschen, Dave** (*see also Virginia*)(218) 262-6628
702 East Howard Street – Hibbing, MN 55746
- ♦ **Zupancic, John**(218) 263-2916
1515 East 25th Street – Hibbing, MN 55746

International Falls

- ♦ **Lucachick, Gary**(218) 285-7822
501 3rd Street – International Falls, MN 56649
- ♦ **Takaichi, Steven**(218) 283-3432
1026 3rd Street – International Falls, MN 56649

Nashwauk

- ♦ **Specht, Charity (C.J.)**(218) 885-9921
210 Central Avenue – Nashwauk, MN 55769

Nett Lake

- ♦ **Jones, Andrew**(218) 757-3431
5219 St. John's Drive – Nett Lake, MN 55772
- ♦ **Roberts, Stephen**(218) 757-3431
5219 St. John's Drive – Nett Lake, MN 55772

Proctor

- ♦ **Johnson, Jeff** (*see also Hermantown*)(218) 624-4235
225 2nd Street – Proctor, MN 55810
- ♦ **McDonald, Brian** (*see also Hermantown*)(218) 624-4235
225 2nd Street – Proctor, MN 55810

Northern Minnesota Dental, Inc. Participating Provider Network

Member Dentists by City

Remer

- ♦ **Rostvold, James** (*see also Grand Rapids*).....(218) 566-1481
9 Birch Street N.E. – Remer, MN 56672

Virginia

- ♦ **Berg, Jason**.....(218) 741-0089
727 4th Street North – Virginia, MN 55792
- ♦ **Koker, Gianna**(218) 741-0405
802 4th Street North – Virginia, MN 55792
- ♦ **Miskovich, Michael B.**.....(218) 741-0405
802 4th Street North – Virginia, MN 55792
- ♦ **Prittinen, Jim**(218) 741-0089
727 4th Street North – Virginia, MN 55792
- ♦ **Sparkman, Clarissa**(218) 749-1776
202 South 5th Avenue – Virginia, MN 55792
- ♦ **Wilbur, Raymond**.....(218) 741-9251
108 North 3rd Avenue – Virginia, MN 55792
- ♦ **Witschen, Dave** (*see also Hibbing*)(218) 741-5070
710 North 9th Street – Virginia, MN 55792

Northern Minnesota Dental, Inc. Participating Provider Network

Participating Specialist Providers

Endodontics

- ♦ **Harrington, Bernard**(218) 722-0772
4815 West Arrowhead Road, #110 – Hermantown, MN 55811
- ♦ **Harrington, Pamela**(218) 722-0772
4815 West Arrowhead Road, #110 – Hermantown, MN 55811
- ♦ **Johnson, Kris**(218) 722-0772
4815 West Arrowhead Road, #110 – Hermantown, MN 55811
- ♦ **Kronzer, Richard**(218) 326-3437
1121 S.E. 4th Avenue – Grand Rapids, MN 55744
- ♦ **Lindquist, Kimberly**(218) 727-7557
324 West Superior Street, #824 – Duluth, MN 55802
- ♦ **Osiecki, Amber**(218) 722-0772
4815 West Arrowhead Road, #110 – Hermantown, MN 55811
- ♦ **Phillips, Mark**(218) 722-0772
4815 West Arrowhead Road, #110 – Hermantown, MN 55811
- ♦ **Zbaracki, Thomas**
 - 5005 Matterhorn Drive, Suite 1 – Duluth, MN 55811(218) 625-8630
 - 302 Chestnut Street, Suite 200 – Virginia, MN 55792(218) 749-5245

Oral and Maxillofacial

- ♦ **Espe, Marty**
 - 3617 West Arrowhead Road – Duluth, MN 55811(218) 722-8377
 - 750 East 34th Street – Hibbing, MN 55746(218) 362-6222
- ♦ **Hodapp, Paul K.**(218) 722-1854
 - 1000 East 1st Street, Suite 108 – Duluth, MN 55805(218) 722-1854
 - 2860 Piedmont Avenue – Duluth, MN 55811(218) 722-0823
 - 303 S.E. 1st Street – Grand Rapids, MN 55744(218) 326-0349
 - 3712 Tower Avenue, Suite E – Superior, WI 54880(715) 392-9846
 - 214 North 5th Avenue – Virginia, MN 55792
- ♦ **Jarnot, Nathan**(218) 722-1854
 - 1000 East 1st Street, Suite 108 – Duluth, MN 55805(218) 722-1854
 - 2860 Piedmont Avenue – Duluth, MN 55811(218) 722-0823
 - 303 S.E. 1st Street – Grand Rapids, MN 55744(218) 326-0349
 - 3712 Tower Avenue, Suite E – Superior, WI 54880(715) 392-9846
 - 214 North 5th Avenue – Virginia, MN 55792
- ♦ **Mayer, Peter**
 - 3617 West Arrowhead Road – Duluth, MN 55811(218) 722-8377
 - 750 East 34th Street – Hibbing, MN 55746(218) 362-6222
- ♦ **Morse, Timothy**
 - 3617 West Arrowhead Road – Duluth, MN 55811(218) 722-8377
 - 750 East 34th Street – Hibbing, MN 55746(218) 362-6222
- ♦ **Puffer, Duncan**
 - 3617 West Arrowhead Road – Duluth, MN 55811(218) 722-8377
 - 750 East 34th Street – Hibbing, MN 55746(218) 362-6222

Northern Minnesota Dental, Inc. Participating Provider Network

Participating Specialist Providers

Oral and Maxillofacial *(continued)*

- ♦ **Varland, Scott K.**.....(218) 722-1854
 - 1000 East 1st Street, Suite 108 – Duluth, MN 55805(218) 722-1854
 - 2860 Piedmont Avenue – Duluth, MN 55811(218) 722-0823
 - 303 S.E. 1st Street – Grand Rapids, MN 55744(218) 326-0349
 - 3712 Tower Avenue, Suite E – Superior, WI 54880(715) 392-9846
 - 214 North 5th Avenue – Virginia, MN 55792

Orthodontics

- ♦ **Carlson, Kirstin**(218) 722-4484
3617 West Arrowhead Road – Duluth, MN 55811
- ♦ **Carlson, Luke**(218) 722-4484
3617 West Arrowhead Road – Duluth, MN 55811
- ♦ **Gaalaas, Peder**(218) 326-0377
504 1st Avenue N.W., Suite 200 – Grand Rapids, MN 55744
- ♦ **Gaalaas, Sara**(218) 326-0377
504 1st Avenue N.W., Suite 200 – Grand Rapids, MN 55744
- ♦ **Halstead, Nathan**(218) 722-5233
1910 London Road – Duluth, MN 55812
- ♦ **Landrigan, Brian**
 - 510 East Howard Street – Hibbing, MN 55746(218) 262-5488
 - 3617 West Arrowhead Road – Duluth, MN 55811(218) 722-4484
- ♦ **Mueller, Ryan**(218) 838-2650
13367 Isle Drive, Suite 2 – Baxter, MN 56425
- ♦ **Schweiger, James**
 - 517 South 6th Avenue – Virginia, MN 55792(218) 749-5247
 - 1910 London Road – Duluth, MN 55812(218) 722-5233