

## FAIRVIEW – Enhanced and Base Plans

Group #640552

Enhanced Plan Benefit Highlights				
Network(s)	Delta Dental PPO <sup>SM</sup> / Delta Dental Premier <sup>®</sup>	Non-Participating*	Delta Dental PPO <sup>SM</sup> / Delta Dental Premier <sup>®</sup>	Non-Participating*
<b>Deductibles and Maximums</b>	<b>Enhanced Plan</b>		<b>Base Plan</b>	
<b>Calendar Year Plan Maximum</b> Per person	\$3,000	\$1,000	\$1,500	\$500
<b>Lifetime Ortho Maximum</b> Per eligible covered child through age 18	\$2,250	\$2,250	Not Covered	
<b>Deductible</b> Per person / per family per calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	\$25/person \$75/family	\$25/person \$75/family	\$50/person \$150/family	\$50/person \$150/family
<b>Eligible Dependents</b>	Spouse, domestic partner & dependent children up to age 26			
Covered Services	Dental Benefit Plan Coverage			
<b>Diagnostic &amp; Preventive Services</b> Exams – Up to 4 times per calendar year X-rays – <ul style="list-style-type: none"> <li>○ 2 series of Bitewings per calendar year</li> <li>○ 1 time per 36-month period</li> </ul> <b>Fluoride treatments</b> - 1 time per calendar year, through age 18 <b>Space Maintainers</b> – 1 time per lifetime through age 24 on posterior teeth only <b>Sealants</b> – 1 time per 36-months, through age 15. Permanent 1 <sup>st</sup> and 2 <sup>nd</sup> molars only. <b>Emergency treatment for relief of pain</b>	<b>Cleanings</b> – Up to 4 times per calendar year  100% / 100%	<b>Cleanings</b> – Up to 4 times per calendar year  50%	<b>Cleanings</b> – Up to 2 times per calendar year  100%	<b>Cleanings</b> – Up to 2 times per calendar year  50%
<b>Basic Services</b> Amalgam restorations (silver fillings) Composite resin restorations (white fillings)	100% / 80%	50%	80%	50%
<b>Endodontics</b> Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	100% / 80%	50%	80%	50%
<b>Periodontics</b> Surgical/Nonsurgical periodontics	100% / 80%	50%	80%	50%
<b>Oral Surgery</b> Surgical/Nonsurgical extractions All other covered oral surgery	100% / 80%	50%	80%	50%
<b>Major Restorative</b> Crowns and Crown repair Occlusal guards	60% / 50%	50%	50%	50%
<b>Prosthetic Repairs and Adjustments</b> Denture adjustments and repairs	80% / 80%	50%	50%	50%
<b>Prosthetics</b> Dentures (full and partial) Bridges Implants	60% / 50%	50%	50%	50%
<b>Orthodontics</b> Treatment for the prevention/ correction of malocclusion <i>Available for all covered children through age 18</i>	50% / 50%	50%	Not Covered	

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



# 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.

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### 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)