

DELTA DENTAL PLAN OF MN FOR CONCORDIA COLLEGE SUMMARY* OF PLAN BENEFITS

GROUP #50814

| <u>Category of Service</u> | <u>DeltaPremier</u> | <u>Out-of-Network</u> |
|--|---|---|
| Diagnostic & Preventive <ul style="list-style-type: none"> • Exams and Cleanings • X-rays • Fluoride (children only) • Sealants (children only) • Space maintainers (children only) | 100% <i>no deductible</i> | 100% <i>no deductible</i> |
| Basic Services (6 month waiting period) <ul style="list-style-type: none"> • Fillings (silver, white on front teeth only) • Post & core, crown build-up • Emergency palliative treatment • White fillings on back teeth | 80% <i>after deductible</i> | 80% <i>after deductible</i> |
| Endodontics (Root Canal) (6 month waiting period) | 80% <i>after deductible</i> | 80% <i>after deductible</i> |
| Oral Surgery (6 month waiting period) <ul style="list-style-type: none"> • Extractions and other oral surgery | 80% <i>after deductible</i> | 80% <i>after deductible</i> |
| Periodontics (6 month waiting period) <ul style="list-style-type: none"> • Scaling and root planning • Gum surgery | 80% <i>after deductible</i> | 80% <i>after deductible</i> |
| Major Restorative Services (12 month waiting period) <ul style="list-style-type: none"> • Crowns and onlays, including repairs | 50% <i>after deductible</i> | 50% <i>after deductible</i> |
| Prosthetics Repairs and Adjustments (12 month waiting period) | 50% <i>after deductible</i> | 50% <i>after deductible</i> |
| Prosthetics (12 month waiting period) <ul style="list-style-type: none"> • Bridges, Dentures, Partial Dentures | 50% <i>after deductible</i> | 50% <i>after deductible</i> |
| Annual Deductible: <i>(Waived for Diagnostic and Preventive services)</i> | \$50 per person \$150 maximum per family | \$50 per person \$150 maximum per family |
| Annual Maximum: <i>(Applies to all covered services)</i> | \$1,000 per person | \$1,000 per person |

* This is a summary only. Please refer to the summary plan description (SPD) for specific coverages and exclusions.

** Benefits are based on the calendar year.

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DELTA DENTAL AND YOU

ABOUT US:

An innovator in oral health benefit plans, Delta Dental Plan of Minnesota (Delta) is the largest provider of dental benefits in the upper Midwest, serving more than 1.3 million Minnesotans and one million subscribers outside Minnesota. Through a unique contractual agreement, Delta maintains a network of participating dentists that includes approximately 83 percent of the licensed, practicing dentists in Minnesota and nearly 75 percent of the licensed dentists nation-wide.

A participating dentist is an independent contractor who has signed an agreement to accept Delta's allowable charge as payment in full for covered dental care.

HOW TO FIND A DELTA PARTICIPATING DENTIST

Delta's participating dentists are listed on the Internet at www.deltadentalmn.org. **The Dentist Search is the most accurate and up-to-date way to obtain information on Delta participating dentists.** Go to www.deltadentalmn.org and select the Dentist Search option to obtain a list of up to 250 dentists.

1. Product Selection: **DeltaPremier**
2. Your Location: City and State or Zip Code
3. Sorting and Distance: Sort by distance, name, city or zip code
4. Additional Search Criteria: Enter a specialty and/or a Dentist's name

Need directions? The Web site allows you to print out a map directing you to the dental office you select.

TO AVOID ANY MISUNDERSTANDING OF BENEFIT PAYMENT AMOUNTS, ASK YOUR DENTIST ABOUT HIS OR HER NETWORK PARTICIPATION STATUS PRIOR TO RECEIVING DENTAL CARE.

If you do not have Internet access, other options are available to find a network dentist or verify that your current dentist is in our network:

- Ask your dentist if he or she participates in the network(s) listed above.
- Contact our Customer Service Center at 651-406-5901 or 800-448-3815. Customer Service hours are: 7 a.m. to 7 p.m., Monday through Friday, Central Standard Time.
- Check with your employer, who has a copy of the Delta provider directory appropriate for your particular plan.

ADVANTAGES OF USING A PARTICIPATING DENTIST

The advantages of seeing a Delta participating dentist are many:

- **Cost containment:** Any portion of a dentist's fee higher than the approved amount will not be charged (or shifted back) to the members. Claim payments are based on the dentist's usual prefiled fee, the actual charge, the amount accepted by the dentist as payment in full, or the plan's maximum customary fee – whichever is less. Members are responsible for any non-covered service, as well as applicable deductible and coinsurance amounts list in the summary of benefits.
- **Quality:** In order to participate in a Delta network, dentists must attain and maintain a high level of credentialing. Delta's services such as professional review of claims help ensure the services you receive are within generally accepted standards of dental care and are covered by your network plan.
- **No administrative hassle:** A Delta participating dentist will file the claim directly with us. Delta then pays the participating dentist directly.

RECEIVING CARE FROM A NON-NETWORK DENTIST

Under this plan, YOU ARE FREE TO GO TO THE DENTIST OF YOUR CHOICE. You may have additional out-of-pocket costs if your dentist is not a participating dentist of the plan.

Claim payments to nonparticipating dentists are based on the dentist's submitted charge or the table of allowances established by Delta – whichever is less. Claim payments are sent directly to the member.

YOUR IDENTIFICATION CARD

Your identification (I.D.) card lets your dentist know that you are a Delta subscriber. This information is important to communicate when receiving services. You should be prepared to show your I.D. card to your dentist at every visit. Your I.D. card may include all or some of the following information:

Network Name: Located across the top of your card, the network name identifies the network attached to your dental plan.

Group Name: This is the name of your employer group.

Name: This is the name of the subscriber, or the person who is employed by the employer group.

Subscriber I.D. : This identification number is important because it is used to process claims for the services your dental office provides.

Group number: This number identifies your employer group and the specific Delta Dental plan that your employer has selected. Your dental office will use this group number when submitting your dental claim to Delta.

FREQUENTLY ASKED QUESTIONS ABOUT YOUR NEW DELTA PLAN

| Frequently Asked Question: | If you receive services from a Delta participating dentist | If you receive services from a non-participating dentist: |
|--|--|---|
| Who submits the <u>claim form</u> ? | Your dentist will submit the claim form directly to Delta. | You may need to submit the claim form to Delta. |
| What happens if my dentist's charge is over <u>"usual and customary"</u> amount? | Delta dentists will only bill you for deductibles (if any) and co-insurance. They can't bill for any amount over Delta's allowable charge. | You are responsible for any amount over Delta's allowable fee, in addition to your deductible (if any) and co-insurance. |
| Who pays first if my family is covered by two dental plans? | Delta is the primary payer for the subscriber of this plan. Delta is the secondary payer for the subscriber's spouse. For dependent children, Delta follows the "birthdate" rule and would pay first if our subscriber's date of birth falls first during the calendar year. | Delta is the primary payer on the subscriber of this plan. Delta is the secondary payer for the subscriber's spouse. For dependent children, Delta follows the "birthdate" rule and would pay first if our subscriber's date of birth falls first during the calendar year. |

Check out our Website @ www.deltadentalmn.org

Claims Inquiry (check on the status of your claim) - under Subscriber Connection

Benefits Inquiry (what does my plan cover?) - under Subscriber Connection

Dentist Search

Oral Health Resources