

Delta Dental of Minnesota

Diocese of Winona – Rochester – Lay Employees

Group #000918

Plan Benefit Highlights		
Network(s)	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,500	
Lifetime Ortho Maximum Per eligible covered person	\$1,000	
Deductible Per person / per family per calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	\$50/person \$150/family	
Eligible Dependents	Spouse Dependent children up to age 26	
Covered Services	Dental Benefit Plan Coverage	
Diagnostic & Preventive Services Exams – once per 6-month period Cleanings – once per 6-month period X-rays: <ul style="list-style-type: none"> • Bitewings - once per 12-months • Full Mouth/Panoramics – once per 36-month period Fluoride treatments – once per 12-month period for dependent children through age 18 Sealants – once per 2 years for permanent first and second molars for eligible dependent children through the age of 18 Space Maintainers – once per lifetime on eligible dependent children through the age of 16 for extracted primary posterior (back) teeth	100%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%
Major Restorative Crowns Composite resin restorations (white fillings) on posterior (back) teeth	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repair	50%	50%
Prosthetics Dentures (full and partial) Bridges	50%	50%
Orthodontics Treatment for the prevention/correction of malocclusion <i>Available for dependent children only, ages 8-18</i>	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.