

Diocese of Winona – Rochester

Client #000917 & 000918

Plan Benefit Highlights as of January 1, 2022

Network(s)	Delta Dental PPO™ <i>New as of January 1, 2022</i>	Delta Dental Premier®	Non-Participating*
Calendar Year Plan Maximum Per person	\$1,500		
Lifetime Ortho Maximum <i>Per eligible covered Lay person's dependent child age 8 thru 18</i>	Lay participants only \$1,000		
Deductible Per person / per family per calendar year <i>No deductible for diagnostic and preventive services or orthodontics</i>	\$50 per person / \$150 per family		
Eligible Dependents	Spouse and dependent children up to age 26		
Covered Services	Dental Benefit Plan Coverage		
Diagnostic & Preventive Services Exams – 2 per calendar year, as of January 1, 2022 Cleanings – 2 per calendar year, as of January 1, 2022 X-rays: <ul style="list-style-type: none"> • Bitewings - once per 12-months • Full Mouth/Panoramic – 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%	100%
Basic Services Emergency treatment for relief of pain Amalgam restorations (silver fillings) Composite resin restorations (white fillings) on anterior (front) teeth	80%	80%	80%
Endodontics Root canal therapy on permanent teeth Pulpotomies on primary teeth for dependent children	80%	80%	80%
Periodontics Surgical/Nonsurgical periodontics	80%	80%	80%
Oral Surgery Surgical/Nonsurgical extractions All other covered oral surgery	80%	80%	80%
Major Restorative Crowns and Crown repair Composite resin restorations (white fillings) on posterior (back) teeth	50%	50%	50%
Prosthetic Repairs and Adjustments Denture adjustments and repairs Bridge repairs	50%	50%	50%
Prosthetics Dentures (full and partial) Bridges	50%	50%	50%
Orthodontics Treatment for the prevention/ correction of malocclusion <i>Available for dependent children ages 8 through age 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.



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



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, 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