

Celarity, Inc.  
Client #806232  
Dental Benefit Highlights  
Delta Dental Solutions-Dual Option I



Delta Dental of Minnesota

Delta Dental PPO plus Premier™	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
<i>Coverage effective December 1, 2023</i>	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Radiographs</b> - X-rays	100%	80%	80%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	80%	80%
<b>Basic Services</b>			
<b>Simple Extractions</b> - non-surgical removal of teeth	100%	50%	50%
<b>Other Oral Surgery</b> - dental surgery other than extractions	100%	50%	50%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	90%	50%	50%
<b>Sealants</b> - to prevent decay of permanent teeth	90%	50%	50%
<b>Minor Restorative Services</b> - fillings	90%	50%	50%
<b>Anesthesia Services</b> - when medically necessary	90%	50%	50%
<b>Surgical Extractions</b> - surgical removal of teeth	80%	80%	80%
<b>TMD Treatment</b> - treatment of the disorder of the temporomandibular joint, including related films	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	80%	50%	50%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	50%
<b>Prosthetic Services</b> - bridges, implants, and dentures	50%	50%	50%

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

**Smiles are powerful.  
Protect yours.**

Thank you for choosing Delta Dental of Minnesota as your partner in oral health. As a member, you have access to the nation's largest dental networks: Delta Dental PPO™ and Delta Dental Premier™.

Dental insurance is designed to help cover the costs associated with your dental care.

**Manage Your Benefits, Any Time**

Our online member portal lets you access your dental plan securely at any time.

You can find a dentist, print ID cards, and receive detailed benefit information on services covered by procedure code and access, print and opt out of paper Explanation of Benefits.

You can also view how much or your annual maximum has been used during this coverage year and easily view the date your next preventative services are eligible for coverage

Sign up today for our member portal at: [www.DeltaDentalMN.org/members](http://www.DeltaDentalMN.org/members)

**Save Money, Go In-Network**

With four out of five dentists nationwide in our network, you can easily find a dentist near you and avoid hidden fees and troublesome paperwork.

**Questions?**

Contact our Customer Service team at 1-800-448-3815 (TTY users call 711) or visit us at [www.DeltaDentalMN.org](http://www.DeltaDentalMN.org).

**Maximum Payment** - \$2,000 per person total per Coverage Year on all services.

**Deductible -**

**Delta Dental PPO™ Dentist** - None.

**Delta Dental Premier® Dentist or Nonparticipating Dentist** - \$25

Deductible per person total per Coverage Year limited to a maximum Deductible of \$75 per family per Coverage Year. The Deductible does not apply to oral exams, preventive services, X-rays, and periodontal maintenance.

**Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Dental Plan Description for a complete description of benefits, exclusions, and limitations.

Celarity, Inc.  
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Delta Dental Solutions-Dual Option II



Delta Dental of Minnesota

Delta Dental Premier®	Delta Dental Premier® Dentist	Nonparticipating Dentist
<i>Coverage effective December 1, 2023</i>		
	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>		
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%
<b>Radiographs</b> - X-rays	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%
<b>Basic Services</b>		
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%
<b>Minor Restorative Services</b> - fillings	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%
<b>Anesthesia Services</b> - when medically necessary	80%	80%
<b>TMD Treatment</b> - treatment of the disorder of the temporomandibular joint, including related films	80%	80%
<b>Major Services</b>		
<b>Crown Repair</b> - to individual crowns	50%	50%
<b>Endodontic Services</b> - root canals	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	50%	50%

*\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.*

**Maximum Payment** - \$1,000 per person total per Coverage Year on all services.

**Deductible** - \$25 Deductible per person total per Coverage Year limited to a maximum Deductible of \$75 per family per Coverage Year. The Deductible does not apply to oral exams, preventive services, X-rays, and periodontal maintenance.

**Note** - This document is only intended to provide a brief description of your benefits. Please refer to your Dental Plan Description for a complete description of benefits, exclusions, and limitations.

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