



2024-25 DELTA DENTAL INSURANCE PLAN (EFFECTIVE 7/1/24)

	Monthly Premium	Paid by District	Employee Cost/Month	Per Paycheck (24)
Part-Time Employees				
• Single Preventive	\$ 24.50	\$24.50	\$ 0.00	\$ 0.00
• Buy up to Single Comprehensive	\$ 37.70	\$24.50	\$13.20	\$ 6.60
• Buy up to Family Comprehensive	\$111.45	\$24.50	\$86.95	\$43.48
Full-Time Employees				
• Single Comprehensive	\$ 37.70	\$37.70	\$ 0.00	\$ 0.00
• Family Comprehensive	\$111.45	\$37.70	\$73.75	\$36.88
	COMPREHENSIVE PROGRAM		PREVENTIVE PROGRAM	
BENEFITS (PLAN YEAR JULY-JUNE)	Delta Dental PPO	Delta Dental Premier/ Non-participating	Delta Dental PPO	Delta Dental Premier/ Non-participating
Plan Year Maximum (Per Person)	\$1,500	\$1,500	\$500	\$500
Plan Year Deductible	None	\$50/\$150	None	None
Diagnostic & Preventive Care (exams & cleanings twice between July 1 & June 30)	100%	100%	100%	80%
Basic Restorative (composite resin restorations on all teeth)	100%	85%		
Endodontics (root canal therapy on permanent teeth & pulpotomies on primary teeth for children)	100%	85%		
Periodontics (surgical/nonsurgical periodontics)	100%	85%		
Oral Surgery (surgical/nonsurgical extractions)	100%	85%		
Major Restorative (crowns & composite resin restorations on back teeth)	60%	50%		
Prosthetic Repair & Adjustments	60%	50%		
Prosthetics (dentures and bridges)	60%	50%		
Orthodontics (Delta Dental PPO only)				
• Separate Maximum	\$1,000	-		
• Dependent children only – ages 8 - 18				

- (1) “BUY-UP”: A two-year commitment is required. You are not able to change or drop the Employee Only Comprehensive Program (if buy-up from Preventive) or Comprehensive Family Program within two years of your enrollment, unless a major change in family status occurs (marriage, birth, divorce, spouse's change in employment, etc.).
- (2) DELTA DENTAL NETWORKS (Delta Dental PPO and Delta Dental Premier) versus NON-PARTICIPATING: You may see any provider; however, you will save money by seeking care in a Delta Dental network. *Delta Dental PPO* provides enhanced benefits. When using a network provider, you will be responsible for coinsurance and deductible(s). You cannot be Balanced Billed. When using a *non-participating provider*, you will be Balance Billed. Balanced Billed is the difference between the total bill (with no Delta discounts) minus the Delta payment (after usual and customary limits are applied).
- (3) DEDUCTIBLE: There is a \$50.00 deductible per Covered Person each Coverage Year, not to exceed \$150.00 per Family Unit. The deductible does not apply to Diagnostic & Preventive Care (A) or Orthodontics (D). In addition, the deductible does not apply to the Preventive Program or services performed by a Delta Dental PPO dentist.
- (4) ELIGIBLE DEPENDENTS: Spouse and unmarried dependent children to age 26.
- (5) DENTIST SEARCH: To find a dentist, go to www.deltadentalmn.org, next Dentist Search, then Network.
- (6) This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and exclusions, refer to the Dental Benefit Plan Document at www.bloomingtonschools.info/hr