Office of Human Resources

Phone 952.681.6440
Fax 952.681.6449

BLOOMINGTON Public Schools

Educational Services Center
1350 West 106th Street
Bloomington, MN 55431-4126

www.bloomington.k12.mn.us

2026-27 DELTA DENTAL INSURANCE PLAN (EFFECTIVE 7/1/26)

	Monthly Premium	Paid by District	Employee Cost/Month	Per Paycheck (24)
Part-Time Employees				
• Single Preventive	$ 26.00	$26.00	$ 0.00	$ 0.00
• Buy up to Single Comprehensive	$ 40.00	$26.00	$14.00	$ 7.00
• Buy up to Family Comprehensive	$118.20	$26.00	$92.20	$46.10
Full-Time Employees				
• Single Comprehensive	$ 40.00	$40.00	$ 0.00	$ 0.00
• Family Comprehensive	$118.20	$40.00	$78.20	$39.10

	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-PARTICPATING: 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) ELIGIBILE 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