

Anoka-Hennepin Independent School District 11 Summary of Dental Benefits

| | <u>Delta Preferred</u> | <u>(Delta Premier) MN Participating</u> | <u>Non-Participating</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------|
| Deductible | None | \$50/person per plan year \$100/family per plan year | Same benefits as MN Participating (balance billing may occur) |
| ANNUAL MAXIMUM: \$1,500 PER COVERED PERSON PER COVERAGE YEAR (each family member on plan) | | | |
| Diagnostic & Preventative Cleanings twice a year, bitewing x-rays 6 month intervals, full-mouth x-rays at 36 month intervals, fluoride treatment at 12 month intervals for dep. under age 19 | 100% | 80% no deductible | 80% no deductible |
| Sealants Eligible dependents up to age 16 once per lifetime. Permanent 1 st & 2 nd molars. | 100% | 100% no deductible | 100% no deductible |
| Basic Services Emergency treatment for relief of pain, amalgam restorations (silver fillings), anterior resin restorations (white fillings) | 80% | 80% | 80% |
| Basic Services Endodontics, oral surgery periodontics | 80% | 70% | 70% |
| Major Restorative Crowns at five year intervals to restore lost tooth structure as a result of tooth decay or fracture. Composite resin (white filling) restorations for posterior teeth | 80% | 70% | 70% |
| Prosthetics Dentures (full and partial) at five year intervals, bridge at five year intervals | 60% | 60% | 60% |
| Prosthetics-Repairs & Adjustments Denture repairs and adjustments, recement bridge, bridge repair | 60% | 60% | 60% |
| Orthodontics-Braces | \$100 deductible per plan year and then 50% coverage up to \$1,250 lifetime maximum (No deductible on Preferred Option) | | |

- **DEPENDENT CHILDREN ELIGIBILITY: Children up to age 26 who meet eligibility guidelines**
- **DELTA DENTAL MEMBER SERVICE – 651-406-5916**
- **DELTA WEB SITE WITH PROVIDER LISTINGS –www.deltadentalmn.org**