**Preventive Plan:** Included in the Student Health Benefit Plan for all primary members (students). This plan is not subject to annual maximums or deductibles. It covers routine services at 100% and specific nonsurgical specialized treatment of the mouth at 80%.

**Buy-Up Plan:** This plan includes the preventive plan benefits but also adds services such as surgery, crowns, prosthetics and others at 50%. It includes a $1,200 annual per person maximum, and a $25 per person deductible. The cost of the plan is $663.12. For students who are enrolled both fall and spring semesters, the premium will be billed in two installments of $331.56.

**Group #765351 – Preventive/Periodontics Plan and Buy-Up Plan with Restorative Services.**

### Network(s)

<table>
<thead>
<tr>
<th>Network(s)</th>
<th>Preventive/Periodontics Plan</th>
<th>Buy-Up Plan with Restorative Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Maximum - Per Person</strong></td>
<td>No annual maximum</td>
<td>$1,200 Per person</td>
</tr>
<tr>
<td>9/1/21 – 8/31/22</td>
<td>Diagnostic and preventive services are excluded from the Plan Year Maximum</td>
<td></td>
</tr>
<tr>
<td><strong>Deductible - Per Person</strong></td>
<td>No deductible</td>
<td>$25 per person</td>
</tr>
<tr>
<td>9/1/21 – 8/31/22</td>
<td>Diagnostic and preventive services are excluded from the Plan Year Maximum</td>
<td></td>
</tr>
</tbody>
</table>

### Covered Services

**Preventive services:**
(These are called Diagnostic & Preventive Services)
- Exams
- Cleanings
- X-rays
- Sealants

**Nonsurgical specialized treatment of the mouth:**
(This is called Nonsurgical Periodontics)
- Careful plaque removal (called scaling and root planing)
- Custom-fit mouth trays to deliver medication (called tray delivery systems)

**Surgical specialized treatment of the mouth**
(This is called Surgical Periodontics)

**Emergency treatment and fillings:**
(These are called Basic Services)
- Emergency treatment for pain relief
- Fillings

**Treatment of the inner tooth:**
(This is called Endodontics)
- Root canal therapy on permanent teeth
- Pulpotomies on baby teeth for dependent children

**Oral surgery:**
- Surgical and nonsurgical tooth extractions
- All other covered oral surgery

**Major restorative services:**
- Crowns

**Prosthetic repairs and adjustments:**
- Denture adjustment and repairs
- Bridge repair

**Prosthetics:**
- Full and partial dentures
- Bridges

### Benefit Coverage

<table>
<thead>
<tr>
<th>Preventive/Periodontics Plan</th>
<th>Buy-Up Plan with Restorative Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive services: 100%</td>
<td>100% This service is not subject to the $1,200/year annual maximum</td>
</tr>
<tr>
<td>Nonsurgical specialized treatment of the mouth: 80%</td>
<td>80% Please note this service will be subject to the $1,200 annual plan year maximum for the Buy-Up with Restorative Services</td>
</tr>
<tr>
<td>Surgical specialized treatment of the mouth</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Emergency treatment and fillings: 80%</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Treatment of the inner tooth: 50%</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Oral surgery: 50%</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Major restorative services: 50%</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Prosthetic repairs and adjustments: 50%</td>
<td>This plan does not cover these services</td>
</tr>
<tr>
<td>Prosthetics: 50%</td>
<td>This plan does not cover these services</td>
</tr>
</tbody>
</table>

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.
Insurance Terms Defined

Annual maximum:
The maximum amount a dental plan will pay toward your dental care from 9/1/21 - 8/31/22.

Deductible:
A set dollar amount you are responsible for paying toward services before your dental plan begins to pay for covered services.

Preventive Services:
These are exams, cleanings, X-rays and sealants. They are also called Diagnostic & Preventive Services.

Learn more at DeltaDentalMN.org/StudentDentalPlan

Seeing an in-network dentist means saving even more money.

Use our Find a Dentist tool to ensure that your provider is part of our networks: deltadentalmn.org/find-a-dentist

Twin Cities Students: In-network, convenient care is available on campus with the U of M Faculty Dentists (612-626-9665) and at the Boynton Health Dental Clinic (612-624-9998).
Visit us: DeltaDentalMN.org/StudentDentalPlan

Dental Insurance 101
Dental insurance can get complicated – that’s why we created our 101 webpage, featuring a glossary of common dental insurance terms and tips for your visit.

Mobile App
Lost your insurance card or sick of carrying it around? The Delta Dental Mobile App brings your ID card right to your phone for easy access at the dentist’s office. You also get access to dentist search, claims and coverage, and even a toothbrush timer.

Create Your Account
You can manage your account, review your benefits and claims, see your history and more all on the online member portal.

Language Assistance
Translation assistance is available to you if needed. Please visit: DeltaDentalMN.org/language-assistance

Contact Us
If you have questions on:
• Eligibility
• Enrollment
• Billing
Contact:
Office of Student Health Benefits
612-624-0627
umshbo@umn.edu
shb.umn.edu

If you have questions on:
• Benefits
• Coverage and services
• In-network providers
Contact:
Delta Dental of Minnesota
Customer Service
651-406-5916 or 800-553-9536 (toll-free)
Monday-Friday, 7 a.m.-7 p.m. CST