

**2023-2024**

# **STUDENT DENTAL PLANS**



**Student Health Benefits**

UNIVERSITY OF MINNESOTA

**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 \$984.48. For students who are enrolled both fall and spring semesters, the premium will be billed in two installments of \$492.24.

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

Network(s)	Preventive/ Periodontics Plan	Buy-Up Plan with Restorative Services
<b>Plan Year Maximum - Per Person</b> 9/1/23 – 8/31/24 Diagnostic and preventive services are excluded from the Plan Year Maximum	No annual maximum	\$1,200 Per person
<b>Deductible - Per Person</b> 9/1/23 – 8/31/24 Diagnostic and preventive services are excluded from the Plan Year Maximum	No deductible	\$25 per person
<b>Covered Services</b>	<b>Benefit Coverage</b>	<b>Benefit Coverage</b>
<b>Preventive services:</b> (These are called Diagnostic & Preventive Services) <ul style="list-style-type: none"> <li>• Exams</li> <li>• Cleanings</li> <li>• X-rays</li> <li>• Sealants</li> </ul>	✓ 100%	✓ 100% This service is not subject to the \$1,200/year annual maximum
<b>Nonsurgical specialized treatment of the mouth:</b> (This is called Nonsurgical Periodontics) <ul style="list-style-type: none"> <li>• Careful plaque removal (called scaling and root planing)</li> <li>• Custom-fit mouth trays to deliver medication (called tray delivery systems)</li> </ul>	✓ 80%	✓ 80% *Please note this service will be subject to the \$1,200 annual plan year maximum for the Buy-Up with Restorative Services
<b>Surgical specialized treatment of the mouth</b> (This is called Surgical Periodontics)	✗ This plan does not cover these services	✓ 80%
<b>Emergency treatment and fillings:</b> (These are called Basic Services) <ul style="list-style-type: none"> <li>• Emergency treatment for pain relief</li> <li>• Fillings</li> </ul>	✗ This plan does not cover these services	✓ 80%
<b>Treatment of the inner tooth:</b> (This is called Endodontics) <ul style="list-style-type: none"> <li>• Root canal therapy on permanent teeth</li> <li>• Pulpotomies on baby teeth for dependent children</li> </ul>	✗ This plan does not cover these services	✓ 50%
<b>Oral surgery:</b> <ul style="list-style-type: none"> <li>• Surgical and nonsurgical tooth extractions</li> <li>• All other covered oral surgery</li> </ul>	✗ This plan does not cover these services	✓ 50%
<b>Major restorative services:</b> <ul style="list-style-type: none"> <li>• Crowns</li> </ul>	✗ This plan does not cover these services	✓ 50%
<b>Prosthetic repairs and adjustments:</b> <ul style="list-style-type: none"> <li>• Denture adjustment and repairs</li> <li>• Bridge repair</li> </ul>	✗ This plan does not cover these services	✓ 50%
<b>Prosthetics:</b> <ul style="list-style-type: none"> <li>• Full and partial dentures</li> <li>• Bridges</li> </ul>	✗ This plan does not cover these services	✓ 50%

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.

\*Dentists who have signed a participating network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Non-participating dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying any difference to the non-participating dentists.

## Insurance Terms Defined

### Annual maximum:

The maximum amount a dental plan will pay toward your dental care from 9/1/23 - 8/31/24.

### 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.



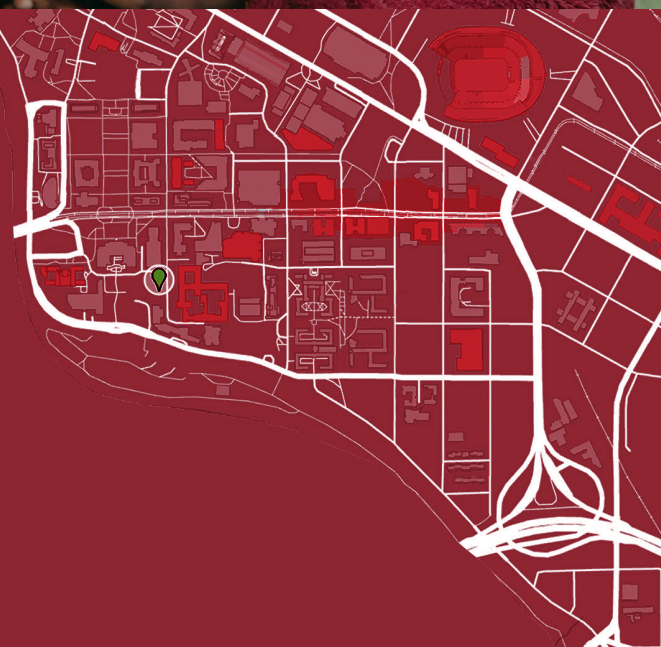
Learn more at [DeltaDentalMN.org/StudentDentalPlan](https://DeltaDentalMN.org/StudentDentalPlan)



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

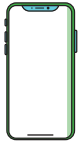
Use our Find a Dentist tool to ensure that your provider is part of our networks: [deltadentalmn.org/find-a-dentist](https://deltadentalmn.org/find-a-dentist)

**Twin Cities Students:** In-network, convenient care is available on campus with the U of M Faculty Dentists (612-626-3233) and at the Boynton Health Dental Clinic (612-624-9998).



# Easy, anytime access to your dental benefits

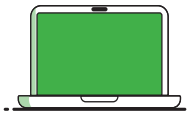
Visit us: [DeltaDentalMN.org/StudentDentalPlan](https://DeltaDentalMN.org/StudentDentalPlan)



## Delta Dental mobile app



We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are.



## Delta Dental of Minnesota member portal



At Delta Dental of Minnesota, we're focused on providing effective digital resources for our members that align with our sustainability initiatives. The Member Portal provides 24/7 access to tools for members to self-serve.



## Language assistance

Translation assistance is available to you if needed. Please visit: [DeltaDentalMN.org/language-assistance](https://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](mailto:umshbo@umn.edu)  
[shb.umn.edu](http://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