

Delta Dental of Minnesota

**We're pleased to be your partner in maintaining better health, through oral health.**

**Experience the Delta Dental Difference**

- The nation's largest network of dental participating providers
- Best-in-class customer service and expert claims processing
- Added value benefits that go beyond dental, included with your dental plan
- See any dentist, but enjoy the greatest cost savings (and no paperwork) with in-network providers

Services Covered Immediately:	Plan A	Plan B	Plan C	Plan D
<b>Diagnostic/Preventive</b> - Routine exams, X-rays and cleanings, including periodontal cleaning once every 6 months	100%	80%	100%	100%
<b>Basic Restorative</b> - Fillings and sealants	50%	50%	50%**	80%
<b>Oral Surgery</b> - Including extractions	50%	50%	N/A	50%
<b>Root Canals</b> - Endodontics	50%	50%	N/A	50%
Services Covered After 12 Months*:				
<b>Periodontal Care</b> - Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A	50%
<b>Crown and Cast Restorations</b>	50%	50%	N/A	50%
<b>Prosthodontics</b> - Dentures, partial dentures and bridges	50%	50%	N/A	50%
<b>Orthodontics</b> (for dependents ages 8 through 18)	N/A	N/A	N/A	50%
Additional Plan Details:				
<b>Annual Coverage Maximum Per Person</b>	\$1,200	\$1,000	\$500	\$1,250
<b>Orthodontics Lifetime Maximum</b>	N/A	N/A	N/A	\$1,000
<b>Annual Deductible Per Person</b>	\$50 Does not apply to Diagnostic/Preventive	\$100 Applies to all Diagnostic/Preventive	\$100 Does not apply to Diagnostic/Preventive	\$50 Does not apply to Diagnostic/Preventive or Orthodontic
<b>Utilizes Delta Dental Network(s):</b>	PPO <sup>SM</sup> Premier <sup>®</sup>	PPO <sup>SM</sup> Premier <sup>®</sup>	PPO <sup>SM</sup> Premier <sup>®</sup>	PPO <sup>SM</sup> Premier <sup>®</sup>

Individual Dental 18+	Plan A (per month)	Plan B (per month)	Plan C (per month)	Plan D (per month)
Single Applicant (you)	\$47.55	\$34.15	\$24.60	\$49.00
Single Applicant +1	\$92.70	\$66.55	\$48.00	\$102.10
Family	\$171.15	\$122.80	\$86.80	\$184.75

PPO<sup>SM</sup> - Delta Dental PPO<sup>SM</sup>  
Premier<sup>®</sup> - Delta Dental Premier<sup>®</sup>

\*waiting period may be waived with prior comparable coverage

\*\*3 month waiting period on Basic Services.

**So what are you waiting for?**  
**Call NETTESTAD INSURANCE**  
**218-863-5353**  
**Or visit [www.nettestadinsurance.com](http://www.nettestadinsurance.com)**

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