

## Rates | Dentegra® Dental PPO for Small Businesses Family Preferred Plan

Metal Level | High

Rating Area	Individual Monthly Rate	
	Age 0-20	Age 21-65 and over
7	\$33.13	\$56.04
8	\$37.19	\$62.91

(Product ID# 63485MN0020010)

### Information about this plan's rates:

- The adult annual maximum is \$1,000 each Contract Year
- Out of Pocket Maximum (Applies to members under 19 only)- \$350 each Contract Year for one Pediatric Enrollee / \$700 each Contract Year for two or more Pediatric Enrollees
- Maximum number of children used to quote a children-only contract is 3 children
- Rating area is based on the county in which the employer resides.
- This plan is offered in Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, Chisago, Isanti, Sherburne, and Wright counties.

## Benefits | Dentegra® Dental PPO for Small Businesses Family Preferred Plan

Adult In-Network Deductible - \$50

Adult Out-of-Network Deductible- \$50

Pediatric In-Network Deductible - \$65

Pediatric Out-of-Network Deductible - \$65

Services	Pediatric Services		Adult Services	
	In- Network Percentage Paid <sup>1</sup>	Out-of- Network Percentage Paid <sup>1</sup>	In- Network Percentage Paid <sup>1</sup>	Out-of- Network Percentage Paid <sup>1</sup>
<b>Preventative Services</b>				
Exams	100%	100%	100%	100%
Cleanings	100%	100%	100%	100%
X-rays	100%	100%	100%	100%
Sealants	100%	100%		
Fluoride	100%	100%		
<b>Basic Services</b>				
General Anesthesia or IV sedation	80%	80%	80%	80%
Periodontal Cleanings	80%	80%	80%	80%
Palliative	80%	80%	80%	80%
Restorative	80%	80%	80%	80%
<b>Major Services<sup>2</sup></b>				
Crowns and Inlays/Onlays	50%	50%	50%	50%



Prosthodontics	50%	50%	50%	50%
Oral Surgery	50%	50%	50%	50%
Endodontics	50%	50%	50%	50%
Periodontics	50%	50%	50%	50%
Denture Repairs	50%	50%	50%	50%
<b>Orthodontic Services<sup>3</sup></b>				
Orthodontics	50%	50%	Not a Benefit	Not a Benefit

*\*The annual Deductible is waived for Diagnostic and Preventive Services – for both Adult and Pediatric Enrollees*

1. Reimbursement is based on Dentegra PPO Contracted Fees for Dentegra PPO and Non-Dentegra Providers. Dentegra will pay or otherwise discharge the Contract Benefit Level according to the Maximum Contract Allowance for covered services. Note: Dentegra will pay the same Contract Benefit Level for covered services performed by a PPO Provider and a Non-Dentegra Provider. However, the amount charged to Enrollees for covered services performed by a Non-Dentegra Provider may be above that accepted by PPO Providers, and Enrollees will be responsible for balance billed amounts.
2. Waiting Periods are calculated for each Adult Enrollee from the Enrollee Effective Date reported by MNsure for said Adult Enrollee. Prior coverage for Adult Enrollees under any Dentegra Exchange plan that included an adult Waiting Period will be credited towards the adult Waiting Period under this dental plan. In order for prior coverage to be credited, such prior coverage must occur immediately preceding the election of this plan.
3. Benefits are not provided for orthodontic treatment including all services related to orthodontic treatment (such as diagnostic and pre-treatment records) until the 12 month Waiting Period is satisfied. This Waiting Period does not apply to medically necessary treatment for cleft lip/palate. Waiting Periods are calculated for each Pediatric Enrollee from the Enrollee Effective Date reported by MNsure for said Pediatric Enrollee. Prior coverage for Pediatric Enrollees under a Dentegra exchange certified pediatric essential dental plan will be credited towards the pediatric Waiting Period under this dental plan. In order for prior coverage to be credited, such prior coverage must occur immediately preceding the election of this plan.

