



Minnesota Service Cooperatives Voluntary Dental Program

Flexibility for your group

- With a Voluntary plan, your group doesn't have to pay a penny.
 - Employees who choose to participate pay most or all the costs and your group decides how much (if anything) it wants to pay on their behalf.
- With a choice of three plan designs for your group, we move well beyond “cookie-cutter benefits,” providing a range of options that works for you and your employees.

After you select a plan design for your group, employees will be able to choose between two coverage options.

Select one of the following three plan designs to offer to your employees:

Plan A - Designed to provide coverage for preventive and basic restorative services for your employees and their families at our most affordable rates.

Plan B - Offers preventive coverage at 100% in addition to coverage for basic restorative services and simple oral surgery.

Plan C - A comprehensive plan design with coverage for preventive, basic restorative and major restorative services, including endodontics, periodontics and more.

Take the next step

After you select a plan design, follow your Administrator's Guide to receive complete enrollment material. We make implementation and administration simple and efficient.

To meet the needs of the Minnesota Service Cooperatives, Delta Dental of Minnesota offers a specially designed Voluntary dental program for participating member groups like yours.

Delta Dental's program is endorsed by the Minnesota Service Cooperatives and combines the unique purchasing power of your organization with other member groups. The results are strong savings coupled with the flexibility to provide your employees a choice of solid dental plans.

Better yet, they're offered by Minnesota's leading dental benefits provider. We serve more than 8,300 groups and 3.2 million members across the state and country. We have nearly four decades of expertise, and dental benefit administration has always been our sole focus.

Flexibility for employees

- Employees are free to see any dentist.
- When visiting a network dentist, employees can take advantage of additional savings.
- Odds are good an employee's dentist is already in the network. We have the largest networks in the state.

Offering your employees a strong dental benefits plan has never been easier or more cost-effective!



July, 2011

Dear Benefits Administrator,

Thank you for considering a Delta Dental plan for your employees. For more than 40 years, Delta Dental of Minnesota has been the trusted hometown dental benefits carrier. We are pleased to be endorsed as the dental benefits vendor of choice by the Minnesota Service Cooperatives. We offer easy-to-understand, cost-effective dental benefit plans, access to Minnesota's largest dentist networks and a commitment to top quality customer service.

We are pleased to offer a choice of Voluntary dental plans in conjunction with National Insurance Services, our selected marketing partner. NIS has a longstanding commitment of providing products and services to the Minnesota educational community

Enclosed you will find three Dental Plan Summaries for your consideration. Each Plan comes with two Options that offer different coverage levels, deductibles, lifetime maximums and monthly premiums to meet the varying needs your employees. All plans offer solid coverage to meet your employees' basic dental needs and offer access to the Delta Dental Premier[®] and Delta Dental PPO networks – Minnesota's largest dentist networks. Plan premiums are established on July 1st and are effective through June 30th for new group and renewals rates. Premiums are guaranteed for 12 months for all individual groups.

Here are a few easy steps to get started:

1. First, select the Dental Plan you wish to offer employees. Each group can only select one of the three dental plans—Dental Plan A, Dental Plan B or Dental Plan C— to offer to all their employees. The group cannot select more than one plan, interchange plan options or alter coverage levels.
2. Please provide each eligible employee a copy of the Dental Plan selected by the school along with a copy of the enclosed Member Enrollment Form. After reviewing the Dental Plan employees must select either Option 1 or Option 2, based on their individual needs.
3. Then, employees must complete the Member Enrollment Form. A toll-free number (listed on the Dental Plan) is available to help answer any question you or your employees may have.
4. At the end of the enrollment period, please collect the completed and signed Member Enrollment Forms. Please ensure that all fields are completed. Any incomplete forms may delay enrollment.
5. Please submit all the completed Member Enrollment Forms along with your completed Group application (enclosed) and a check written out to "Delta Dental of Minnesota" for the first month's total premium to:

**National Insurance Services
Service Cooperatives Dental Program
14852 Scenic Heights Road, Suite 210
Eden Prairie, MN 55344**

Upon receipt of your initial application & enrollment material, we will set up your group benefits and mail back your Welcome Packet with the Group Administrator Manual, Member ID cards, Summary Plan Descriptions, etc. This process takes approximately 10-15 business days.

If you or your broker has any questions, please call National Insurance Services at (952) 941-7372 or toll free at (800) 443-6011

Sincerely,

Delta Dental of Minnesota & National Insurance Services



Dental Plan A

MN Service Cooperatives Participating Members

A Snapshot of Your Coverage*

Service & Description	Option 1	Option 2
Diagnostic & Preventive Services Exams, cleanings, x-rays, fluoride treatments, space maintainers, sealants	80%	80%
Basic Services Emergency treatment for relief of pain, amalgam and composite resin restorations (white fillings) on anterior (front) teeth	0%	60%
Oral Surgery Simple Surgical / Nonsurgical extractions	0%	50%
Calendar Year Deductible Individual Family Maximum	\$0 \$0	\$15 3 X
Deductible waived for Preventive	Yes	Yes
Calendar Year Maximum	\$500	\$750
Network	Delta Dental PPO and Delta Dental Premier ^{®***}	
Eligible Dependents	Spouse and unmarried dependent children up to age 25.	
Total Monthly Rates		
Employee	\$12.40	\$16.63
Family	\$39.81	\$53.45

**This is a summary of benefits only and does not guarantee coverage. Employee options are two year elections.*

***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.*

Why Choose a Delta Dental Plan?

Delta Dental of Minnesota has designed your plan so it is easy to use and gives you and your family maximum savings and easy access to Minnesota's largest dentist networks. We back this with an unparalleled commitment to service. Together with your employer, our goal is to help you maintain healthy, happy smiles all year round.

Prevention is key

Our plans are designed to encourage you to visit the dentist and help ensure your basic dental needs are met in a timely, cost-effective manner. Access to regular checkups and sound preventive care are key to long-term oral health.

Helpful Online Tools

As part of our commitment to your oral health, we offer comprehensive oral health information and easy-to-use online dental benefit tools. You can look up claims, search for a local area network dentist and more by visiting www.deltadentalmn.org.

Signing up is Easy

There are just 3 easy steps to sign up for your dental plan:

1. Review the two plan Options and decide whether you want to sign up for either **Option 1** or **Option 2**.
2. Complete the enclosed Membership Enrollment Form, indicating your plan selection and other relevant information. Please complete all required fields.
3. Submit your completed and signed Membership Enrollment form to your Human Resources representative.

Questions? Call us toll free at 1-800-553-9536.



MN Service Cooperatives Participating Members

Dental Plan B

A Snapshot of Your Coverage*

Service & Description	Option 1	Option 2
Diagnostic & Preventive Services Exams, cleanings, x-rays, fluoride treatments, space maintainers, sealants	100%	100%
Basic Services Emergency treatment for relief of pain, amalgam and composite resin restorations (white fillings) on anterior (front) teeth	0%	60%
Oral Surgery Simple Surgical / Nonsurgical extractions	0%	50%
Calendar Year Deductible Individual Family Maximum	\$0 \$0	\$15 3X
Deductible waived for Preventive	Yes	Yes
Calendar Year Maximum	\$500	\$750
Network	Delta Dental PPO and Delta Dental Premier [®] **	
Eligible Dependents	Spouse and unmarried dependent children up to age 25.	
Total Monthly Rates		
Employee	\$16.69	\$22.43
Family	\$53.76	\$72.14

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Dental Plan C

MN Service Cooperatives Participating Members

A Snapshot of Your Coverage*

Service & Description	Option 1	Option 2
Diagnostic & Preventive Services Exams, cleanings, x-rays, fluoride treatments, space maintainers, sealants	80%	100%
Basic Services Emergency treatment for relief of pain, amalgam and composite resin restorations (white fillings) on anterior (front) teeth	40%	50%
Oral Surgery Simple Surgical / Nonsurgical extractions	25%	30%
Periodontics Non-surgical periodontics Surgical periodontics	0% 0%	30% 30%
Endodontics	0%	30%
Major Restorative Complex extractions, crowns, stainless steel crowns, dentures, bridges, inlays & onlays	25%	30%
Prosthetic Repairs and Adjustments	25%	30%
Calendar Year Deductible Individual Family Maximum	\$0 \$0	\$15 3X
Deductible waived for Preventive	Yes	Yes
Calendar Year Maximum	\$500	\$750
Network	Delta Dental PPO and Delta Dental Premier [®] **	
Eligible Dependents	Spouse and unmarried dependent children up to age 25.	
Total Monthly Rates		
Employee	\$21.30	\$26.72
Family	\$68.52	\$85.03

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3. Submit your completed and signed Membership Enrollment form to your Human Resources representative.

Questions? Call us toll free at 1-800-553-9536.

Frequently Asked Questions

May I go to any dentist?

You have the freedom to see any dentist. However, dentists who participate in our Delta Dental PPO or Delta Dental Premier networks—the two largest dentist networks in Minnesota—have agreed not to charge more than our maximum allowable amount. This can result in lower out-of-pocket costs. Choosing a dentist in the Delta Dental PPO network may save you even more money. As an added convenience, you never have to file a claim when you use a participating dentist—the dentist files the claim for you.

How do I find a participating dentist?

Finding a participating dentist is easy. Simply visit www.deltadentalmn.org and use our interactive Dentist Search tool or call Customer Service locally at 651-406-5916 or toll free at 1-800-553-9536.

What happens if I visit a non-participating dentist?*

If dental services are received from a non-participating dentist, you will be responsible for paying the difference between our maximum allowable amount and what the dentist charges. You may be responsible for submitting your own claim. The address to submit claims is on the back of your Delta Dental ID card. In addition, reimbursement for covered services will be paid directly to you.

What if I have an emergency outside the United States?

Delta Dental automatically includes international emergency coverage in 137 countries. English-speaking customer service representatives are available 24 hours a day, seven days a week to help members arrange emergency care. For more information, visit www.deltadentalmn.org.

How do I find out if my claim was paid?

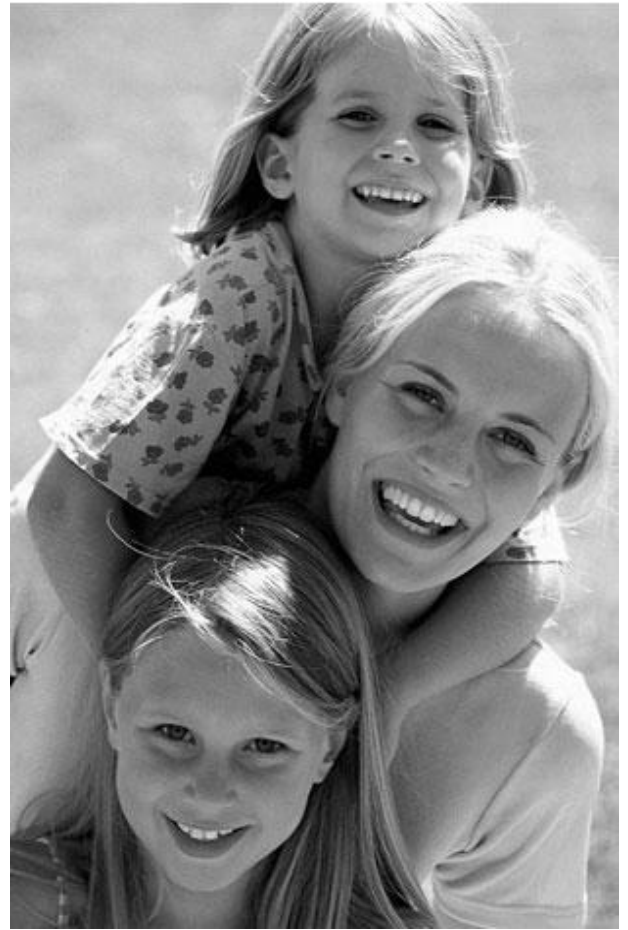
Our online claims inquiry tool provides claims detail. Our Web site offers other interactive features including eligibility and benefits inquiry, oral health resources and much more. You may also call Customer Service to get claims status and payment information.

How is work in progress handled?

For services started prior to your effective date under the Delta Dental plan, payment of the claim is based on the service completion date.

How do I know how much I'll be responsible for?

For major dental procedures, the dentist can submit a pre-treatment estimate to Delta Dental of Minnesota for an estimate of benefits and financial responsibility prior to the service.



**Questions? Call us toll free at
1-800-553-9536.**

An innovator in oral health benefit plans, Delta Dental of Minnesota is an independently operated, nonprofit dental services company that administers self-insured and prepaid dental service plans. Delta Dental serves more than 8,200 employer groups with more than 3.1 million members in Minnesota and across the nation.

Master Dental Application

PART A - COMPANY INFORMATION

Legal Company Name: _____	
Address: _____	Phone: _____
City: _____	County: _____
	State: _____ Zip Code: _____
Plan Effective Date: _____	
<u>Group Information</u>	
Contract Information:	Minnesota Service Cooperative
First Name: _____	<input type="checkbox"/> Lakes Country Service Cooperative
Last Name: _____	
Business Title: _____	<input type="checkbox"/> North East Service Cooperative
Business Phone: _____	
Business Fax: _____	<input type="checkbox"/> Northwest Service Cooperative
Email Address: _____	
Billing Contact Information: (If different than Contact Information)	<input type="checkbox"/> Resource Training & Solutions
First Name: _____	
Last Name: _____	<input type="checkbox"/> South Central Service Cooperative
Business Title: _____	
Business Phone: _____	<input type="checkbox"/> Southeast Service Cooperative
Business Fax: _____	
Email Address: _____	<input type="checkbox"/> SW/WC Service Cooperative

PART B - PLAN DESIGN

<input type="checkbox"/> Plan A
<input type="checkbox"/> Plan B
<input type="checkbox"/> Plan C

PART C - FUNDING TYPE

<input checked="" type="checkbox"/> RISK:	The first month's premium check must accompany this completed Master Dental Contract Application. Future premium payments are due on the first of each premium month.
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PART D - PAYMENT METHOD

<input type="checkbox"/> Check
<input type="checkbox"/> ACH

PART E - AGENT OF RECORD (if applicable)

Agency Name: _____ Address: _____ City: _____	Broker Name: _____ Phone: _____ Fax: _____ State: _____ Zip Code: _____ _____ Tax ID Number (TIN) Note: Commissions will be paid to this TIN. _____ Insurance Producer License ID Number
_____ Broker Signature	_____ Insurance Producer License ID Number

PART F - INSTRUCTIONS

1. Complete Master Dental Contract Application.
2. Have each employee complete and sign a Membership Enrollment Form
3. Send this completed application, completed Membership Enrollment Forms, and the initial remittance to the following address:
National Insurance Services, Karen Patraw, 14852 Scenic Heights Road, Suite 210, Eden Prairie, MN 55344

Group Administrator:

By signing below, I verify that the information on this application is correct and that the eligible employees are, in fact employed by my company and agree to provide substantiating evidence when requested. If issued, the contract may become null and void at the option of Delta Dental if for a period of three consecutive months, or upon renewal, the number of enrolled employees becomes less than five.

Delta Dental will send a contract upon acceptance of the application and final approval of the Dental Benefit Plan Summary. The contract will indicate the effective date of coverage. The contract is effective only after Delta Dental has accepted this application and sent a contract to the group. The group administrator's signature does not cause the application to become effective as a contract. Any misrepresentations of submitted data will cause the contract, if issued, to be null and void at the option of Delta Dental.

SIGNATURE BOX

Signature of Authorized Company Official	Title	Date
Group Administrator/Future Correspondence Contact (please print)	Title	
() Phone Number	() Fax Number	E-mail Address

Employer Instructions

- Review Parts A, B, C, D, E, to be sure all information is complete, accurate and legible.
- When reporting effective dates use contractual start and stop guidelines as defined in your contract (i.e., 1st of month, end of month, or actual dates).
- Delta Dental of Minnesota generally completes enrollment requests within five business days of receipt.

Complete Part H - Group Enrollment Information

- Check one reason for enrollment and provide requested information including coverage effective dates.
- **New Group** – New customer to Delta Dental and submitting initial employee enrollment.
- **Open Enrollment** – Employee is enrolling during group's open enrollment period.
- **New Hire** – Enroll newly hired employee. If probationary period applies, coverage effective date is after the probationary period.
- **Rehire** – Former employee was rehired.
- **Return From Leave of Absence** – Employee returning from leave of absence.
- **Loss of Coverage** – Employee/dependent involuntarily lost other coverage and is now eligible to enroll.
- **Other** – Use if enrollment situation is not included in another category. Provide a specific reason and event date.
- **Previously Waived Coverage** – If an employee waives coverage, they can only enroll at a later date if the group contract includes an Open Enrollment period or if the individual has a loss of other insurance coverage.
- **Employee Status Change** – Employee's employment status changed and employee is now eligible for dental benefits.
- **Group Name** – Provide group name as listed in your contract.
- **Group and Subgroup Number** – Provide applicable numbers for individual employee.
- **Group Representative** – Sign, date, and provide your phone number.

Send Completed Forms To:

Delta Dental of Minnesota
Attn: Enrollment Department
PO Box 330
Minneapolis MN 55440-0330