DENTAL PLAN

Delta Dental Plan

The Star Tribune offers eligible employees and their dependents the Delta Dental Plan, group number 5935. Under the plan, you are free to go to the dentist of your choice. There may, however, be a difference in the amount you pay if your dentist is not a "participating" dentist with Delta Dental.

Smile buddies – Dental care for children up to the age of 14 will be covered at 100%, excluding orthodontics.

Plan Benefits

Benefit	Delta Dental PPO & Delta	Out-of-Network
	Dental Premier Network	
Diagnostic & Preventative	100%	100%
Services	No Deductible	No Deductible
Basic Services, Endontics,		
Periodonitcs, Oral Surgery,	Deductible, than 80%	Deductible, then 80% of max
Prosthetic Repairs &		fee
Adjustments		
Major Restorative, Prosthetics	Deductible, then 50%	Deductible, then 50% of max
		fee
Orthodontics		
- Percentage Covered	Deductible, then 50%	Deductible, then 50% of max
		fee
- Lifetime Maximum	\$1,000	\$1,000
- Covered Persons	Children – through 16 th birthday	Children – through 16 th birthday
Benefit Plan Year Maximum	\$1,500	\$1,500
Per Covered Person		
Benefit Plan Year Deductible	\$25	\$25
Per Covered Person		

This is a summary and does not guarantee coverage. Please note that non-participating provider prices may be higher as they are not contracted with Delta Dental. Refer to the Delta Dental Summary Plan Description for a complete list of covered services, limitations and exclusions.

DELTA DENTAL PLAN

Open Enrollment for 2024

If you do not make a dental plan selection during Open Enrollment, your current coverage election will remain in place for 2024.

Coverage of Children in the Dental Plan

The Adult Child provisions that apply to the medical plans in 2024 also apply to the dental plan. Children must continue to meet the current plan eligibility requirements as stated below.

BENEFIT PROGRAM ELIGIBILITY – Dental Plan

<u>Unmarried Dependent Children</u>

Coverage for unmarried dependent children continues through the end of the month in which they reach age 26. This includes:

- your natural or legally adopted children,
- unmarried children for whom you or your spouse are legal guardian(s) or were the legal guardian until the child turned 18,
- children required to be covered under the plan by a valid qualified medical child support order,
- unmarried grandchildren or step-children who are dependent on you for a majority of their financial support

Disabled Dependent

If your covered dependent child is physically or mentally incapable of self-support when coverage would otherwise terminate due to the age limit, you may continue his or her coverage under the plan as long as your coverage is in effect and he or she remains incapable of self-support. Proof of such incapacity and dependency must be furnished to the plan within 30 days after your dependent reaches the limiting age. The plan must approve coverage of the disabled dependent in writing. The plan reserves the right to periodically review the dependent's disability status. After the first two years, the plan will not review the disability more frequently than once every 12 months.

