

**Office Information Systems, Inc.**  
10800 Lyndale Ave. S. • Minneapolis, MN 55420 • 952/884-9199

**DELTA DENTAL PLAN OF MINNESOTA**

**PROPOSED DENTAL PLAN FOR OFFICE INFORMATION SYSTEMS, INC.**

**PLAN DESIGN**

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DELTA SELECT PLUS - OPTION 1		
COPAYMENTS:	COVERAGE A	(Diagnostic & Preventative) 100%
	COVERAGE B1a	(Basic Services) 80%
	COVERAGE B1b	(Endodontics) 80%
	COVERAGE B1c	(Periodontics) 80%
	COVERAGE B1d	(Oral Surgery) 80%
	COVERAGE B2	(Major Restorative) 50%
	COVERAGE C1	(Prosthetic Repairs/Adj) 50%
	COVERAGE C2	(Prosthetics) 50%

**DEDUCTIBLE:**

\$25.00 per covered person per coverage year.  
\$75.00 maximum per family per coverage year.  
Applies to coverages B1a through C2.

**MAXIMUM:**

\$1,000.00 per covered person per coverage year.

**PROGRAM COST AND ELIGIBILITY DESCRIPTION**

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**ELIGIBILITY PERIOD:**

First of the month following your probationary period (a minimum of 30 days).  
Must work an average of at least 32 hours per week.