

Delta Dental of Minnesota Individual and Family™ 2024 Plans A-D

The Delta Dental difference:

Greater access to care and more cost savings with one of the largest dental networks in the country.

	Comprehensive \$1,500 PLAN A	Comprehensive \$1,200 PLAN B	Basic Option PLAN C	Comprehensive + Ortho PLAN D
DEDUCTIBLE AND ANNUAL MAXIMUM				
Plan Year Maximum Per Person/Per Calendar Year	\$1,500	\$1,200	\$750	\$1,500
Deductible Per Person/Per Calendar Year <i>Does not apply to diagnostic & preventive services</i>	\$50	\$100	\$100	\$50
DENTAL NETWORKS				
Dental Networks	Delta Dental PPO™, Delta Dental Premier®			
SERVICES COVERED ON PLAN START DATE				
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	100%	80%	100%	100%
Basic Services • Fillings	50%	50%	50% *3 month waiting period applies	80%
Endodontics/Oral Surgery • Root canals • Extractions	50%	50%	N/A	50%
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*				
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A	50%
Major Restorative Services • Crowns	50%	50%	N/A	50%
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	50%	50%	N/A	50%
Child Orthodontic Coverage • Orthodontic coverage for ages 8 through 18	N/A	N/A	N/A	50% *\$1,000 lifetime maximum
Implants	N/A	N/A	N/A	N/A
RATES				
Subscriber	\$54.69	\$43.58	\$33.86	\$62.05
Subscriber + 1	\$106.14	\$85.95	\$69.13	\$128.75
Family	\$197.02	\$157.93	\$126.10	\$233.40

Not sure which plan is right for your unique needs?

 Visit [DeltaDentalMN.org/Shop](https://www.DeltaDentalMN.org/Shop)

 Chat with a licensed agent

 Call 1-866-764-5350

* Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.

This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.
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