



Delta Dental of Minnesota Individual and Family™

2025 Plan C

The Delta Dental difference:

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

Basic Option

PLAN C

DEDUCTIBLE AND ANNUAL MAXIMUM

Plan Year Maximum Per Person/Per Calendar Year	\$750
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Deductible Per Person/Per Calendar Year <i>Does not apply to diagnostic & preventive services</i>	\$100
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DENTAL NETWORKS

Dental Networks	Delta Dental PPO™, Delta Dental Premier®
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SERVICES COVERED ON PLAN START DATE

Diagnostic and Preventive Services <ul style="list-style-type: none">Exams, cleanings including periodontal - 2 per calendar yearX-Rays	100%
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Basic Services <ul style="list-style-type: none">Fillings	50% *3 month waiting period applies
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Endodontics/Oral Surgery <ul style="list-style-type: none">Root canalsExtractions	N/A
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SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*

Periodontics <ul style="list-style-type: none">Treatment of gum disease, surgical/non-surgical treatment	N/A
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Major Restorative Services <ul style="list-style-type: none">Crowns	N/A
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Prosthodontics <ul style="list-style-type: none">Removable prosthetic services, dentures & partialsBridges	N/A
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Child Orthodontic Coverage <ul style="list-style-type: none">Orthodontic coverage for ages 8 through 18	N/A
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Implants	N/A
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RATES

Subscriber	\$35.55
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Subscriber + 1	\$72.59
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Family	\$132.41
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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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