## Delta Dental of Minnesota Individual and Family™
### 2023 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.

<table>
<thead>
<tr>
<th></th>
<th>Comprehensive $1,200</th>
<th>Comprehensive $1,000</th>
<th>Basic Option</th>
<th>Comprehensive + Ortho</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DEDUCTIBLE AND ANNUAL MAXIMUM</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Year Maximum</td>
<td>$1,200</td>
<td>$1,000</td>
<td>$500</td>
<td>$1,250</td>
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<tr>
<td>Per Person/Per Calendar Year</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deductible</td>
<td>$50</td>
<td>$100</td>
<td>$100</td>
<td>$50</td>
</tr>
<tr>
<td>Per Person/Per Calendar Year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does not apply to diagnostic &amp; preventive services</td>
<td></td>
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</tbody>
</table>

### 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% | 50%

#### 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%  (lifetime maximum $1,000)

#### Implants
  - N/A | N/A | N/A | N/A

### RATES

<table>
<thead>
<tr>
<th>Plan</th>
<th>Subscriber</th>
<th>Subscriber + 1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLAN A</td>
<td>$52.89</td>
<td>$102.65</td>
<td>$190.54</td>
</tr>
<tr>
<td>PLAN B</td>
<td>$40.88</td>
<td>$80.63</td>
<td>$148.15</td>
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<tr>
<td>PLAN C</td>
<td>$31.70</td>
<td>$64.73</td>
<td>$118.07</td>
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<tr>
<td>PLAN D</td>
<td>$62.05</td>
<td>$128.75</td>
<td>$233.40</td>
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</tbody>
</table>

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

Not sure which plan is right for your unique needs?
- Visit DeltaDentalMN.org/Shop
- Chat with a licensed agent
- Call 1-866-764-5350

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*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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*DDMN.3.21.23*