



# Delta Dental of Minnesota Individual and Family™

## 2025 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	Comprehensive \$1,200	Basic Option	Comprehensive + Ortho
	PLAN A	PLAN B	PLAN C	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 &amp; 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	\$57.42	\$45.76	\$35.55	\$62.05
Subscriber + 1	\$111.45	\$90.25	\$72.59	\$128.75
Family	\$206.87	\$165.83	\$132.41	\$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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