



2026 Delta Dental of Minnesota Medica Plans Overview

2-100 Eligible Employees | Delta Dental PPO Plus Premier™

	Plan 1		Plan 2		Plan 3	
Plan Rates	Without Ortho.	With Ortho.	Without Ortho.	With Ortho.	Without Ortho.	With Ortho.
Employee Only	\$23.71	N/A	\$35.93	\$35.93	\$50.40	\$50.40
Employee + Spouse	\$44.96	N/A	\$68.69	\$68.69	\$96.52	\$96.52
Employee + Child(ren)	\$65.24	N/A	\$84.49	\$92.07	\$118.00	\$126.95
Family	\$99.38	N/A	\$132.15	\$141.85	\$183.89	\$195.34
Deductible Per person / per family (calendar year)	\$50 / \$150		\$50 / \$150		\$25 / \$75	
Annual Maximum Per person (calendar year)	\$750		\$1,000		\$1,500	
Unique Features						
3 Cleanings Per Year	•		•		•	
Child Orthodontic Care			•		•	
Posterior Composite Fillings (White)	•		•		•	
Endodontic / Periodontic (80%)					•	
No Missing Tooth Clause	•		•		•	
Implant Coverage			•		•	
Combine With DeltaVision®	•		•		•	

Rates are guaranteed for 12 months after issue.
This is a summary only and does not guarantee coverage, rates or benefits.
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