Delta Dental of Minnesota 2026 Medica Dental Plans



The Delta Dental Difference

- Best-in-class customer service
- Ability to pair medical and dental benefits
- Coverage options to fit your needs



Extensive dental networks

Delta Dental PPO™ Plus Premier®

Delta Dental Premier®: 2,891 Delta Dental PPO™: 1,855

Medica Dental Plans:

| 2-100 Eligible Employee |
|-------------------------|
|-------------------------|

| 2 100 Eligible Elliployees | Plan 1 | Plan 2 | Plan 3 | |
|--|------------|-----------------------------|-----------------------------|--|
| Deductible Per person / per family (calendar year) | \$50/\$150 | \$50/\$150 | \$25/\$75 | |
| Annual Maximum | \$750 | \$1,000 | \$1,500 | |
| Covered Services | | | | |
| Diagnostic and Preventive Services | 100% | 100% | 100% | |
| Basic Restorative Services | 80% | 80% | 80% | |
| Endodontic Services* | N/A | 50% | 80% | |
| Periodontic Services* | N/A | 50% | 80% | |
| Simple and Complex Oral Surgery* | N/A | 50% | 80% | |
| Implants* | N/A | 50% | 50% | |
| Inlays, Onlays, Crowns and Crown Repair* | N/A | 50% | 50% | |
| Prosthetic Services, including Bridges & Dentures* | N/A | 50% | 50% | |
| Orthodontics Optional* Available to all members ages 8 to 19 | N/A | 50% \$1,000 Lifetime max | 50% \$1,000 Lifetime max | |

| Rates Rates guaranteed for 12 months after issue. | Plan 1 | | Plan 2 | | Plan 3 | |
|---|------------------|---------------|------------------|---------------|------------------|---------------|
| | Without Ortho | With Ortho | Without Ortho | With Ortho | Without Ortho | With Ortho |
| Employee | \$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 - Employee, Spouse, child(ren) | \$99.38 | N/A | \$132.15 | \$141.85 | \$183.89 | \$195.34 |

^{* 12} month waiting period applies to: endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

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No waiting period for diagnostic, preventive and basic restorative services.

Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.
Diagnostic and preventive services do apply to the annual maximum.
This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.