



Delta Dental of Minnesota 2026 Business Plans

2 - 100 Eligible Employees

Delta Dental PPO Plus Premier™
Solutions | Dual Options | Dental Flex | Pathfinder

Delta Dental of Minnesota

Small business plans

Give your business the winning edge with Delta Dental plans to meet your small business needs. Whether your business is large, small or in between we have a plan that is perfect for you and your employees.

Dental insurance is the third-most requested benefit among employees. Talented employees want benefit packages that will work to protect their overall health. Delta Dental of Minnesota is one of the largest providers of dental benefits, serving 4.4 million members nationwide with a long-lasting reputation of quality benefits and superior customer service.

Keep your employees smiling with high quality plans to meet your business needs.



Dental Solutions

Delta Dental PPO Plus Premier™

Solutions 1000

Dental benefits at a value price and a \$1,000 annual maximum.

Delta Dental PPO Plus Premier™

Dual Option

More options both in-network and out-of-network and a \$1,000 or \$2,000 Annual Maximum.

Delta Dental PPO Plus Premier™

Solutions 1500

Coverage at a value price with great network savings and a \$1,500 annual maximum.

Delta Dental PPO Plus Premier™

Dual Option + Ortho Option

All the benefits of Dual Option with orthodontic benefits and a \$1,000 or \$2,000 Annual Maximum.

Delta Dental PPO Plus Premier™

Solutions 2000

Even more benefits including orthodontics and a \$2,000 annual maximum.

Delta Dental PPO Plus Premier™

Dental Flex options

Robust benefits in all networks with a \$1,000 or \$1,500 Annual Maximum and orthodontics option.

Dental Pathfinder

Delta Dental PPO Plus Premier™

Pathfinder 1

Value price with \$1,000 Annual Maximum and Annual Deductible.

Delta Dental PPO Plus Premier™

Pathfinder 2

\$1,500 Annual Maximum with a Lifetime Deductible.

Delta Dental PPO Plus Premier™

Pathfinder 3

No waiting period plan with \$1,500 Annual Maximum with Annual Deductible.

Delta Dental PPO Plus Premier™

Pathfinder 4

Child Orthodontic with preventative care not applying to the Annual Plan Maximum.

Delta Dental PPO Plus Premier™

Pathfinder 5

Lock rates for 24 months with \$1,500 Annual Maximum with a Lifetime Deductible.

Delta Dental PPO Plus Premier™

Pathfinder 6

No waiting period plan with enhanced benefits and \$1,500 Annual Maximum with a Lifetime Deductible.



Boost your benefits

By offering both dental and vision, our clients can enjoy the ease and simplicity of more complete benefits. DeltaVision® plans will deliver everything your employees need to give their eyes the best care. Our expansive network offers a variety of local, national and retail options, so it's easy to make the most of your benefits.

Delta Dental of Minnesota is proud to partner with EyeMed through Delta Dental of Minnesota's affiliate Health Ventures Network to offer simple yet comprehensive vision benefits for employers large and small.



Learn More

DeltaVision® 200

Powerful benefits with covered exams.

DeltaVision® 200 Materials Only

Boost your subscriber benefits with additional plan allowance.

DeltaVision® 150 Materials Only

Coverage you need at the best price.

Build your business

The benefit of benefits



Improve productivity:
Each year, more than 92 million work hours are lost due to emergency unplanned dental care.¹



Reduce medical care costs:
Routine dental visits often detect early stages of over 120 other medical conditions.²

Dental coverage is more than just a way to attract and retain employees. Better benefits are a business builder.

Benefits that keep your business thriving. Delta Dental offers better service and support to your business and its employees.



Experience you can trust: More than 168,000 businesses rely on Delta Dental to protect their employees' oral health, and over 90 million enrollees trust their smiles to Delta Dental.³



Access: Delta Dental provides one of the largest nationwide networks.



Network savings: Our network discounts provide extensive savings for employees.



Technology & Innovation: We continue to enhance our digital tools and resources through our member portal and member app.



Service, Support, and Partnership: We provide world-class customer service, with commitment to member & client satisfaction and to the community.



Dental Expertise: We focus on the connection between oral health and overall health. The Power of Smile™ Blog and oral health resources written by our team of in-house clinicians and experienced service teams provide resources for brokers, employers and members.

Digital Tools

Simplified benefits management

Delta Dental Member Portal

The member portal provides tools for members to self serve and address questions 24/7 via computer, smart phone or tablet.

Paperless delivery

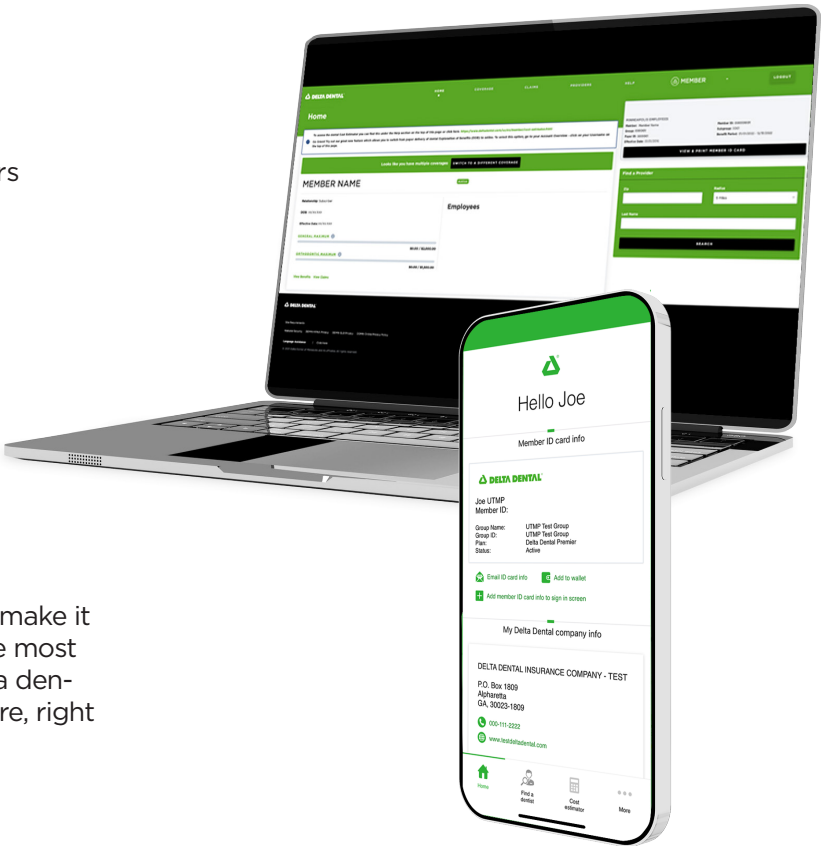
In an effort to drive sustainability and ease of use, members have full access to digital ID cards and paperless options for Eligibility of Benefits statements.

Delta Dental Mobile App

Manage your oral health anytime, anywhere.



We've designed our mobile app to make it easy for your members to make the most of their dental benefits. Search for a dentist near you, view ID cards and more, right on your mobile device.



¹ "Hours Lost to Planned and Unplanned Dental Visits Among US Adults"; Centers of Disease Control and Prevention, 2018
² "Oral Health is Connected to Overall Health"; Delta Dental of Minnesota, 2025
³ "The Delta Dental System"; Delta Dental Plans Association, 2024



Compare and Quote Broker Rate Calculator

Getting a quote for a small business with 2-100 employees is easy! Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.

2026 Delta Dental of Minnesota Solutions Delta Dental PPO plus Premier™ Small Business Plans (2 - 100 Eligible employees)

	Solutions			Dual Option		Dental Flex			
	1000	1500	2000	Dual Option	Dual Option + Ortho	1000	1000 + Ortho	1500	1500 + Ortho
	\$1,000	\$1,500	\$2,000	\$2,000 / \$1,000	\$2,000 / \$1,000	\$1,000	\$1,000	\$1,500	\$1,500
Annual Max Per person / per calendar year									
Employee Only	\$42.69	\$50.28	\$55.73	\$52.06	\$52.06	\$34.84	\$34.84	\$38.60	\$38.60
Employee + Spouse	\$81.87	\$96.11	\$106.94	\$104.13	\$104.13	\$69.70	\$69.70	\$77.19	\$77.19
Employee + Child(ren)	\$99.35	\$114.46	\$137.42	\$114.84	\$135.50	\$86.81	\$106.38	\$95.23	\$114.79
Family	\$155.89	\$179.96	\$210.71	\$150.57	\$171.38	\$117.40	\$136.97	\$129.77	\$149.33
Deductible									
Annual Deductible: \$50/\$150	•	•	•			•	•	•	•
Annual Deductible: \$0 or \$25/75				•	•				
Lifetime Deductible: \$100/\$300									
Preventive Care Deductible: \$50 Lifetime/Person									
Unique Features									
Preventive Care Diagnostic & preventive services do not apply to annual max		•							
4 Cleanings Per Year		•							
Child Orthodontic Care			•		•		•		•
Posterior Composite Fillings (White)	•	•	•	•	•				
Endodontic / Periodontic (80%)	•	•	•	•	•				
No Waiting Periods	•	•	•	•	•	•	•	•	•
Missing Tooth Clause						•	•	•	•
Implant Coverage	•	•	•	•	•				
24 Month Contract									
Combine with DeltaVision®	•	•	•	•	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.



Compare and Quote Broker Rate Calculator

Getting a quote for a small business with 2-100 employees is easy! Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.

2026 Delta Dental of Minnesota Pathfinder Delta Dental PPO plus Premier™ Small Business Plans (2 - 100 Eligible employees)

	Pathfinder					
	1	2	3	4	5	6
	Annual Max Per person / per calendar year	\$1,000	\$1,500	\$1,500	\$1,500	\$1,500
Employee Only	\$38.08	\$45.52	\$42.28	\$49.97	\$49.72	\$45.18
Employee + Spouse	\$73.05	\$87.44	\$81.08	\$95.87	\$95.53	\$86.82
Employee + Child(ren)	\$89.27	\$105.93	\$98.43	\$117.62	\$113.73	\$103.37
Family	\$139.94	\$164.79	\$154.48	\$182.71	\$177.51	\$161.31
Deductible						
Annual Deductible: \$50/\$150	•		•	•		
Annual Deductible: \$0 or \$25/75						
Lifetime Deductible: \$100/\$300		•			•	•
Preventive Care Deductible: \$50 Lifetime/Person	•		•	•		
Unique Features						
Preventive Care Diagnostic & preventive services do not apply to annual max				•		
4 Cleanings Per Year						
Child Orthodontic Care				•		
Posterior Composite Fillings (White)				•	•	•
Endodontic / Periodontic (80%)				•	•	•
No Waiting Periods			•			•
Missing Tooth Clause	•	•	•	•	•	•
Implant Coverage	•	•	•	•	•	•
24 Month Contract					•	
Combine with DeltaVision®	•	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.

Delta Dental PPO Plus Premier™

Solutions 1000

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,000
Annual Deductible - Per person / family	\$50 / \$150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	80%	60%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	80%	60%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%	40%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	60%
	Periodontic Services Surgical and non-surgical periodontic services	80%	60%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	40%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	40%
	Implants	50%	40%

Solutions 1000 Rates

Employee	\$42.69
Employee + Spouse	\$81.87
Employee + Child(ren)	\$99.35
Family	\$155.89

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

Guidelines for Solutions 1000

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now
Broker Rate Calculator

Delta Dental PPO Plus Premier™

Solutions **1500**

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,500
Annual Deductible - Per person / family	\$50 / \$150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier / OON
Diagnostic and Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%
	Cleanings 4 per calendar year	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	80%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	80%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%
	Periodontic Services Surgical and non-surgical periodontic services	80%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%
	Implants	50%

Solutions **1500 Rates**

Employee	\$50.28
Employee + Spouse	\$96.11
Employee + Child(ren)	\$114.46
Family	\$179.96

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

Guidelines for Solutions 1500

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now
Broker Rate Calculator

Delta Dental PPO Plus Premier™

Solutions 2000

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$2,000
Annual Deductible - Per person / family	\$50 / \$150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO	Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%	100%	100%
	Cleanings 2 per calendar year	100%	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	85%	80%	65%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	85%	80%	65%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	60%	50%	40%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	85%	80%	65%
	Periodontic Services Surgical and non-surgical periodontic services	85%	80%	65%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	60%	50%	40%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	60%	50%	40%
	Implants	60%	50%	40%
Child Orthodontic Coverage No Waiting Period	Lifetime maximum	\$2,000		
	Orthodontic coverage for ages 8 to 19	50%		


Solutions 2000 Rates

Employee	\$55.73
Employee + Spouse	\$106.94
Employee + Child(ren)	\$137.42
Family	\$210.71

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

Guidelines for Solutions 2000

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

 [Quote now](#)
[Broker Rate Calculator](#)

Delta Dental PPO Plus Premier™
Solutions *Dual Option*

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$2,000 or \$1,000
Annual Deductible - Per person / family	\$0 or \$25 / \$75
Contract length	12 Months
Waiting Periods	No

Service	Description	Option 1		Option 2
		PPO	Premier/ OON	Premier/ OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%	100%
	Cleanings 2 per calendar year	100%	80%	100%
	Space Maintainers	100%	80%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants	90%	50%	80%
	Posterior Composite Resin Fillings	50%	50%	50%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	100%	50%	80%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	80%	80%	80%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	80%	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	50%	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%	50%
	Implants	50%	50%	50%

Solutions *Dual Option Rates*

Employee	\$52.06
Employee + Spouse	\$104.13
Employee + Child(ren)	\$114.84
Family	\$150.57

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

- Guidelines for Solutions Dual Option
- A minimum of two subscribers must enroll.
 - Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
 - Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
 - This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



[Quote now](#)
[Broker Rate Calculator](#)

Delta Dental PPO Plus Premier™

Solutions *Dual Option with Ortho*

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$2,000 or \$1,000
Annual Deductible - Per person / family	\$0 or \$25 / \$75
Contract length	12 Months
Waiting Periods	No

Service	Description	Option 1		Option 2
		PPO	Premier/ OON	Premier/ OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%	100%
	Cleanings 2 per calendar year	100%	80%	100%
	Space Maintainers	100%	80%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants	90%	50%	80%
	Posterior Composite Resin Fillings	50%	50%	50%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	100%	50%	80%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	80%	80%	80%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	80%	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	50%	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%	50%
	Implants	50%	50%	50%
Child Orthodontic Coverage No Waiting Period	Lifetime maximum	\$1,000	\$1,000	\$1,000
	Orthodontic coverage for ages 8 to 19	50%	50%	50%


Solutions *Dual Option with Ortho Rates*

Employee	\$52.06
Employee + Spouse	\$104.13
Employee + Child(ren)	\$135.50
Family	\$171.38

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

Guidelines for Solutions Dual Option Plus Ortho

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now
Broker Rate Calculator

Dental Flex Options

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,000 or \$1,500
Annual Deductible - Per person / family	\$50 / \$150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO	Premier / OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%
	Cleanings 2 per calendar year	100%	80%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	50%
	Posterior Composite Resin Fillings	Amalgam Benefit	
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	50%	50%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs	50%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%
Optional Child Orthodontic Coverage No Waiting Period	Lifetime maximum	\$1,000	
	Optional orthodontic coverage for ages 8 to 19	50%	

Dental Flex Options Rates

Annual Max \$1,000	Without Ortho Coverage	With Ortho Coverage
Employee	\$34.84	\$34.84
Employee + Spouse	\$69.70	\$69.70
Employee + Child(ren)	\$86.81	\$106.38
Family	\$117.40	\$136.97

Annual Max \$1,500	Without Ortho Coverage	With Ortho Coverage
Employee	\$38.60	\$38.60
Employee + Spouse	\$77.19	\$77.19
Employee + Child(ren)	\$95.23	\$114.79
Family	\$129.77	\$149.33

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

** 24-month missing tooth clause applies to prosthetic services.

Guidelines for Dental Flex Options

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

 [Quote now](#)
[Broker Rate Calculator](#)

Delta Dental PPO Plus Premier™

Pathfinder 1

2-100 Eligible employees

Plan Benefit Highlights	
Annual Maximum - Per person / per calendar year	\$1,000
Annual Deductible - Per person / family	\$50 / \$150
Lifetime Deductible - Diagnostic & Preventive Services - Per person	\$50
Contract length	12 Months
Waiting Periods	Yes

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery Waiting Period - 6 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services Waiting Period - 12 Months	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	55%	50%
	Periodontic Services Surgical and non-surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%

Pathfinder 1 Rates

Employee	\$38.08
Employee + Spouse	\$73.05
Employee + Child(ren)	\$89.27
Family	\$139.94

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 1

- A minimum of two subscribers must enroll.
- Annual deductible does not apply to diagnostic and preventive services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



[Quote now](#)
[Broker Rate Calculator](#)

Delta Dental PPO Plus Premier™

Pathfinder 2

2-100 Eligible employees

Annual Maximum - Per person / per calendar year	\$1,500
Lifetime Deductible - Per person / family	\$100/\$300
Lifetime Deductible - Diagnostic & Preventive Services - Per person	See Guidelines Below
Contract length	12 Months
Waiting Periods	Yes

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery Waiting Period - 6 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services Waiting Period - 12 Months	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	55%	50%
	Periodontic Services Surgical and non-surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%

Pathfinder 2 Rates


Employee	\$45.52
Employee + Spouse	\$87.44
Employee + Child(ren)	\$105.93
Family	\$164.79

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 2

- A minimum of two subscribers must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now

Broker Rate Calculator

Delta Dental PPO Plus Premier™

Pathfinder 3

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,500
Annual Deductible - Per person / family	\$50/\$150
Lifetime Deductible - Diagnostic & Preventive Services - Per person	\$50
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	55%	50%
	Periodontic Services Surgical and non-surgical periodontic services	55%	50%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%

Pathfinder 3 Rates


Employee	\$42.28
Employee + Spouse	\$81.08
Employee + Child(ren)	\$98.43
Family	\$154.48

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 3

- A minimum of two subscribers must enroll.
- Annual deductible does not apply to diagnostic and preventive services.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.

 [Quote now](#)
[Broker Rate Calculator](#)

Delta Dental PPO Plus Premier™

Pathfinder 4

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,500
Annual Deductible - Per person / family	\$50/\$150
Lifetime Deductible - Diagnostic & Preventive Services - Per person	\$50
Contract length	12 Months
Waiting Periods	Yes

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery Waiting Period - 6 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	80%
	Periodontic Services Surgical and non-surgical periodontic services	80%	80%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	80%	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%
Child Orthodontic Coverage Waiting Period - 12 Months	Lifetime maximum	\$1,000	
	Orthodontic coverage for ages 8 to 19	50%	

Pathfinder 4 Rates


Employee	\$49.97
Employee + Spouse	\$95.87
Employee + Child(ren)	\$117.62
Family	\$182.71

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 4

- A minimum of two subscribers must enroll.
- Annual deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs, prosthetics and orthodontics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now

Broker Rate Calculator

Delta Dental PPO Plus Premier™

Pathfinder 5

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,500
Lifetime Deductible - Per person / family	\$100/\$300
Lifetime Deductible - Diagnostic & Preventive Services - Per person	See Guidelines Below
Contract length	24 Months
Waiting Periods	Yes

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery Waiting Period - 6 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	80%
	Periodontic Services Surgical and non-surgical periodontic services	80%	80%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	80%	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%

Pathfinder 5 Rates

Employee	\$49.72
Employee + Spouse	\$95.53
Employee + Child(ren)	\$113.73
Family	\$177.51

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 5

- A minimum of two subscribers must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



Quote now

Broker Rate Calculator

Delta Dental PPO Plus Premier™

Pathfinder 6

2-100 Eligible employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	\$1,500
Lifetime Deductible - Per person / family	\$100/\$300
Lifetime Deductible - Diagnostic & Preventive Services - Per person	See Guidelines Below
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	100%
	Cleanings 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	80%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	55%	50%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	55%	50%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	80%
	Periodontic Services Surgical and non-surgical periodontic services	80%	80%
Major Restorative Services No Waiting Period	Major Restorative Services Posterior composite resin fillings	80%	80%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs*	55%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partials, bridges, repairs of removable & fixed prosthetic services	55%	50%
	Implants**	55%	50%

Pathfinder 6 Rates

Employee	\$45.18
Employee + Spouse	\$86.82
Employee + Child(ren)	\$103.37
Family	\$161.31

PPO / Premier - Delta Dental PPO™, Delta Dental Premier® OON - Out of Network

*Pin post core and crown build up not covered.
**A 24-month missing tooth clause applies to prosthetic services.

Guidelines for Pathfinder Plan 6

- A minimum of two subscribers must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota’s allowable fee and the fees charged by the non-participating dentist.
- This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Dental Benefit Plan Summary.



[Quote now](#)
[Broker Rate Calculator](#)



Contact Us or Visit Us Online

DeltaDentalMN.org

Small Business Sales:

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-800-906-5250
DeltaDentalMN.org/agents
Deltadentalconnect@deltadentalmn.org

Individual and Family Dental Plans:

- Plan descriptions
- Sales & enrollment assistance

1-866-764-5350
DeltaDentalMN.org/shop
Sales@deltadentalmn.org

Large Client Sales:

- Large client individually rated proposals
 - Proposals and sales assistance
- Contact Your Sales or Account Representative

Employer Services:

Additional Resources - Enrollment and Billing

- Employee benefits
- Enrollment
- Claims status
- Billing
- Employer Services Portal

1-866-318-9449
7 a.m.-7 p.m. CST/CDT

Eligibility Address
Delta Dental of Minnesota
Attn: Enrollment Department
P.O. Box 30416
Lansing, MI 48909-7916
Eligibility@mydeltadental.com

Corporate Address
Delta Dental of Minnesota
500 Washington Avenue South
Suite 2060
Minneapolis, MN 55415

Just A Click Away at DeltaDentalMN.org

Tools to Assist Your Clients

- Product brochures
- Forms
- Answers to frequently asked questions
deltadentalmn.org/frequently-asked-questions

The Delta Dental Difference

- Dental expertise
- Superior service
- Largest networks
- Exceptional savings

DeltaDentalMN.org

500 Washington Avenue South
Suite 2060
Minneapolis, MN 55415



Delta Dental of Minnesota