



Delta Dental of Minnesota



2018 Individual and Family Plans A-C

Delta Dental offers the nation’s largest network of dental providers, delivering greater access to care and more cost savings.

	PLAN A	PLAN B	PLAN C
Plan Year Maximum Per Person	\$1,200	\$1,000	\$500
Annual Deductible Per Person - Does not apply to Diagnostic / Preventive	\$50	\$100	\$100
Utilizes Dental Networks	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]
Services Covered Immediately:			
Preventive Services Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓ 100%	✓ 80%	✓ 100%
Filling and Sealants	✓ 50%	✓ 50%	✓ 50%**
Root Canals and Oral Surgery Including extractions	✓ 50%	✓ 50%	X NA
Services Covered after 12 months*:			
Periodontal Care Treatment of gum disease, surgical/non-surgical treatment	✓ 50%	✓ 50%	X NA
Crown and Restorative Care	✓ 50%	✓ 50%	X NA
Dentures and Bridges	✓ 50%	✓ 50%	X NA
Individual Dental Rates 18+	PLAN A (per month)	PLAN B (per month)	PLAN C (per month)
Single Applicant (you)	\$51.45	\$34.95	\$27.45
Single Applicant +1	\$99.85	\$68.95	\$56.05
Family	\$185.35	\$126.65	\$102.25

So what are you waiting for?

Speak with a licensed representative at **1-866-764-5350** or visit **DeltaDentalMN.org/Shop**

PPOSM - Delta Dental PPOSM
Premier[®] - Delta Dental Premier[®]

*waiting period may be waived with prior comparable coverage
**3 month waiting period on Basic Services.