



Delta Dental of Minnesota



2019 Delta Dental 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™ Premier®	PPO™ Premier®	PPO™ Premier®
Services Covered Immediately:			
Preventive Services Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓ 100%	✓ 80%	✓ 100%
Fillings	✓ 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	\$37.75	\$29.65
Single Applicant +1	\$99.85	\$74.45	\$60.55
Family	\$185.35	\$136.80	\$110.45

So what are you waiting for?

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

PPO™ - Delta Dental PPO™
Premier® - Delta Dental Premier®

*waiting period may be waived with prior comparable coverage

**3 month waiting period on Basic Services.

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.

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2019 Delta Dental Individual and Family™ - Plan A

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

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2019 Delta Dental Individual and Family™ - Plan B

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	PLAN B
Plan Year Maximum Per Person	\$1,000
Annual Deductible Per Person - Does not apply to Diagnostic / Preventive	\$100
Utilizes Dental Networks	PPO™ Premier®
Services Covered Immediately:	
Preventive Services Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓ 80%
Fillings	✓ 50%
Root Canals and Oral Surgery Including extractions	✓ 50%
Services Covered after 12 months*:	
Periodontal Care Treatment of gum disease, surgical/non-surgical treatment	✓ 50%
Crown and Restorative Care	✓ 50%
Dentures and Bridges	✓ 50%
Individual Dental Rates 18+	PLAN B (per month)
Single Applicant (you)	\$37.75
Single Applicant +1	\$74.45
Family	\$136.80

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2019 Delta Dental Individual and Family™ - Plan C

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	PLAN C
Plan Year Maximum Per Person	\$500
Annual Deductible Per Person - Does not apply to Diagnostic / Preventive	\$100
Utilizes Dental Networks	PPO™ Premier®
Services Covered Immediately:	
Preventive Services Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓ 100%
Fillings	✓ 50%**
Root Canals and Oral Surgery Including extractions	X NA
Services Covered after 12 months*:	
Periodontal Care Treatment of gum disease, surgical/non-surgical treatment	X NA
Crown and Restorative Care	X NA
Dentures and Bridges	X NA
Individual Dental Rates 18+	PLAN C (per month)
Single Applicant (you)	\$29.65
Single Applicant +1	\$60.55
Family	\$110.45

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