△ DELTA DENTAL®

Delta Dental of Minnesota Individual and Family™
2023 Plans A-D

	PLAN A	PLAN B	PLAN C	PLAN D
	Comprehensive $1,200	Comprehensive $1,000	Basic Option	Comprehensive + Ortho

SERVICES COVERED IMMEDIATELY				
Diagnostic and Preventive Care • Oral evaluation - 2 per calendar year • Cleanings - 2 per calendar year • X-rays - see plan details • Fluoride treatments - through age 18	100%	80%	100%	100%
Basic Services • Amalgam (silver) fillings • Anterior composite (white) resin fillings • Sealants - through age 15 • Space maintainers - through age 16	50%	50%	50% *3 month waiting period applies	80%
• Posterior composite (white) resin fillings	Amalgam benefit	Amalgam benefit	Amalgam benefit	Amalgam benefit
Endodontic Therapy • Pulpal therapy • Root canal therapy • Pulpotomy	50%	50%	N/A	50%
Basic and Complex Oral Surgery • Basic extraction of erupted tooth or exposed root • Surgical removal of erupted tooth, impacted tooth and tooth roots	50%	50%	N/A	50%
Prosthetic Repairs • Repairs of removable and fixed prosthetic services	80%	50%	N/A	80%
SERVICES COVERED AFTER 12 MONTHS*				
Major Services • Crowns and crown repair • Onlays	50%	50%	N/A	50%
Periodontic Care • Surgical and non-surgical periodontal care	50%	50%	N/A	50%
Prosthetic Services Including Bridges and Dentures • Removable prosthetic services-denture and partial • Bridges	50%	50%	N/A	50%
Child Orthodontic Coverage • Orthodontic coverage for ages 8 through 18	N/A	N/A	N/A	50% *$1,000 lifetime maximum
Implants	N/A	N/A	N/A	N/A
DEDUCTIBLE AND ANNUAL MAXIMUM				
Deductible	$50	$100	$100	$50
Annual Maximum	$1,200	$1,000	$500	$1,250
DENTAL NETWORKS				
Dental Networks	Delta Dental PPO™ Delta Dental Premier®			

Not sure which plan is right for your unique needs?

Visit DeltaDentalMN.org/Shop

💬 Chat with a licensed agent

✈ Email plan details

Call 1-866-764-5350

📞 Speak with a licensed agent

👤 Enroll over the phone

*   Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.