DELTA DENTAL®

Delta Dental of Minnesota Serving North Dakota Individual and Family™

2026 Plans A-C

The Delta Dental difference:
Greater access to care and more cost savings with one of the largest dental networks in the country.

	Comprehensive $2,000 PLAN A	Comprehensive $1,200 PLAN B	Basic Option PLAN C
DEDUCTIBLE AND ANNUAL MAXIMUM			
Plan Year Maximum Per Person/Per Calendar Year	$2,000	$1,200	$750
Deductible Per Person/Per Calendar Year *Does not apply to diagnostic & preventive services*	$50	$100	$100
DENTAL NETWORKS			
Dental Networks	Delta Dental PPO™, Delta Dental Premier®		
SERVICES COVERED ON PLAN START DATE			
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	100%	80%	100%
Basic Services • Fillings	50%	50%	50% *3 month waiting period applies
Endodontics/Oral Surgery • Root canals • Extractions	50%	50%	N/A
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*			
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A
Major Restorative Services • Crowns	50%	50%	N/A
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	50%	50%	N/A
Implants	N/A	N/A	N/A
RATES			
Subscriber	$61.28	$45.81	$36.52
Subscriber + 1	$118.94	$89.06	$70.65
Family	$220.76	$165.07	$131.62

Not sure which plan is right for your unique needs?

Visit DeltaDentalMN.org/Shop Chat with a licensed agent Call 1-866-764-5350

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

This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.

DELTA DENTAL®

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2026 Plan A

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	Comprehensive $2,000
	PLAN A
DEDUCTIBLE AND ANNUAL MAXIMUM	
Plan Year Maximum Per Person/Per Calendar Year	$2,000
Deductible Per Person/Per Calendar Year *Does not apply to diagnostic & preventive services*	$50
DENTAL NETWORKS	
Dental Networks	Delta Dental PPO™, Delta Dental Premier®
SERVICES COVERED ON PLAN START DATE	
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	100%
Basic Services • Fillings	50%
Endodontics/Oral Surgery • Root canals • Extractions	50%
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*	
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	50%
Major Restorative Services • Crowns	50%
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	50%
Implants	N/A
RATES	
Subscriber	$61.28
Subscriber + 1	$118.94
Family	$220.76

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DELTA DENTAL®

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2026 Plan B

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	Comprehensive $1,200
	PLAN B
DEDUCTIBLE AND ANNUAL MAXIMUM	
Plan Year Maximum Per Person/Per Calendar Year	$1,200
Deductible Per Person/Per Calendar Year *Does not apply to diagnostic & preventive services*	$100
DENTAL NETWORKS	
Dental Networks	Delta Dental PPO™, Delta Dental Premier®
SERVICES COVERED ON PLAN START DATE	
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	80%
Basic Services • Fillings	50%
Endodontics/Oral Surgery • Root canals • Extractions	50%
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*	
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	50%
Major Restorative Services • Crowns	50%
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	50%
Implants	N/A
RATES	
Subscriber	$45.81
Subscriber + 1	$89.06
Family	$165.07

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DELTA DENTAL®

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2026 Plan C

The Delta Dental difference:
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	Basic Option PLAN C
DEDUCTIBLE AND ANNUAL MAXIMUM	
Plan Year Maximum Per Person/Per Calendar Year	$750
Deductible Per Person/Per Calendar Year *Does not apply to diagnostic & preventive services*	$100
DENTAL NETWORKS	
Dental Networks	Delta Dental PPO™, Delta Dental Premier®
SERVICES COVERED ON PLAN START DATE	
Diagnostic and Preventive Services • Exams, cleanings including periodontal - 2 per calendar year • X-Rays	100%
Basic Services • Fillings	50% *3 month waiting period applies
Endodontics/Oral Surgery • Root canals • Extractions	N/A
SERVICES COVERED AFTER 12 MONTH WAITING PERIOD*	
Periodontics • Treatment of gum disease, surgical/non-surgical treatment	N/A
Major Restorative Services • Crowns	N/A
Prosthodontics • Removable prosthetic services, dentures & partials • Bridges	N/A
Implants	N/A
RATES	
Subscriber	$36.52
Subscriber + 1	$70.65
Family	$131.62

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