



2026 Delta Dental of Minnesota Serving North Dakota Medica Plans Overview

2-100 Eligible Employees | Delta Dental PPO Plus Premier™

	Plan 1		Plan 2		Plan 3	
Plan Rates	Without Ortho.	With Ortho.	Without Ortho.	With Ortho.	Without Ortho.	With Ortho.
Employee Only	\$20.85	N/A	\$31.43	\$31.43	\$37.69	\$37.69
Employee + Spouse	\$39.54	N/A	\$60.10	\$60.10	\$72.17	\$72.17
Employee + Child(ren)	\$57.49	N/A	\$73.91	\$80.87	\$88.06	\$95.03
Family	\$87.59	N/A	\$115.66	\$124.57	\$137.31	\$146.22
Deductible Per person / per family (calendar year)	\$50 / \$150		\$50 / \$150		\$25 / \$75	
Annual Maximum Per person (calendar year)	\$750		\$1,000		\$1,500	
Unique Features						
3 Cleanings Per Year	•		•		•	
Child Orthodontic Care			•		•	
Posterior Composite Fillings (White)	•		•		•	
Endodontic / Periodontic (80%)					•	
No Missing Tooth Clause	•		•		•	
Implant Coverage			•		•	
Combine With DeltaVision®	•		•		•	

Rates are guaranteed for 12 months after issue.
This is a summary only and does not guarantee coverage, rates or benefits.

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