



2026 Delta Dental of Minnesota - Serving North Dakota

Small Business Plans Overview

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



Compare and quote Broker Rate Calculator

Getting a quote for a small business with 2-100 eligible employees is easy!
Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.

	Solutions			Dental Flex				Pathfinder				
	1000	1500	2000	1000	1000 with Ortho	1500	1500 with Ortho	1	2	3	4	5
Annual Max Per person / per calendar year	\$1,000	\$1,500	\$2,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Employee Only	\$43.35	\$48.26	\$56.02	\$35.76	\$35.76	\$39.64	\$39.64	\$40.09	\$39.11	\$45.37	\$51.38	\$49.07
Employee + Spouse	\$83.10	\$92.53	\$107.50	\$71.52	\$71.52	\$79.28	\$79.28	\$76.92	\$75.11	\$87.14	\$98.69	\$94.28
Employee + Child(ren)	\$107.54	\$113.96	\$138.14	\$87.66	\$97.73	\$97.34	\$107.46	\$93.97	\$91.57	\$105.50	\$117.32	\$120.57
Family	\$165.64	\$178.45	\$211.83	\$118.98	\$129.06	\$132.17	\$142.30	\$147.37	\$142.29	\$164.12	\$183.12	\$185.82
Deductible												
Annual Deductible: \$50/\$150	•	•	•	•	•	•	•	•				
Lifetime Deductible: \$100/\$300									•	•	•	•
Preventive Care Deductible: \$50 Lifetime/Person								•				
Unique Features												
Preventive Care Diagnostic & preventive services do not apply to annual max		•									•	
Child Orthodontic Care	•		•		•		•					•
Posterior Composite Fillings (White)	•	•	•							•	•	•
Endodontic / Periodontic (80%)	•		•									•
No Waiting Periods	•	•	•	•	•	•	•					•
Missing Tooth Clause				•	•	•	•	•	•	•	•	•
Implant Coverage	•	•	•					•	•	•	•	•
24 Month Contract										•		
Combine with DeltaVision®	•	•	•	•	•	•	•	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.



2026 Delta Dental of Minnesota - Serving North Dakota Small Business Plans Overview

2-199 Enrolled employees | Delta Dental PPO Plus Premier™



Compare and quote Broker Rate Calculator

Getting a quote for a small business with 2-100 enrolled employees is easy!
Find the right Pathfinder, Delta Dental Solutions or Dental Flex plan to fit their needs.

	Evolution 1000	Evolution 1500 with Ortho	Evolution 2000
Annual Max Per person / per calendar year	\$1,000	\$1,500	\$2,000
Employee Only	\$48.04	\$59.70	\$62.82
Employee + Spouse	\$96.09	\$119.40	\$125.62
Employee + Child(ren)	\$115.30	\$166.92	\$150.75
Family	\$172.95	\$238.56	\$226.13
Deductible			
Annual Deductible: \$50/\$150	•	•	•
Unique Features			
Preventive Care Diagnostic & preventive services do not apply to annual max			
2 Cleanings Per Year	•	•	•
Child Orthodontic Care		•	
Posterior Composite Fillings (White)	•	•	•
Endodontic / Periodontic (80%)	•	•	•
No Waiting Periods	•	•	•
Missing Tooth Clause			
Implant Coverage	•	•	•
12 Month Contract	•	•	•

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