



Delta Dental of Minnesota  
Serving North Dakota



# 2020 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
<b>Plan Year Maximum</b> Per Person	\$1,200	\$1,000	\$500
<b>Annual Deductible</b> Per Person - Does not apply to Diagnostic / Preventive	\$50	\$100	\$100
<b>Utilizes Dental Networks</b>	PPO™ Premier®	PPO™ Premier®	PPO™ Premier®
<b>Services Covered Immediately:</b>			
<b>Preventive Services</b> Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓   100%	✓   80%	✓   100%
<b>Fillings</b>	✓   50%	✓   50%	✓   50%**
<b>Root Canals and Oral Surgery</b> Including extractions	✓   50%	✓   50%	X   NA
<b>Services Covered after 12 months*:</b>			
<b>Periodontal Care</b> Treatment of gum disease, surgical/non-surgical treatment	✓   50%	✓   50%	X   NA
<b>Crown and Restorative Care</b>	✓   50%	✓   50%	X   NA
<b>Dentures and Bridges</b>	✓   50%	✓   50%	X   NA
<b>Individual Dental Rates 18+</b>	<b>PLAN A</b> (per month)	<b>PLAN B</b> (per month)	<b>PLAN C</b> (per month)
Single Applicant (you)	\$54.95	\$38.45	\$32.95
Single Applicant +1	\$106.65	\$74.75	\$63.75
Family	\$197.95	\$138.55	\$118.75

## 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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# 2020 Delta Dental Individual and Family™ - Plan A

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	<b>PLAN A</b>
<b>Plan Year Maximum</b> Per Person	\$1,200
<b>Annual Deductible</b> Per Person - Does not apply to Diagnostic / Preventive	\$50
<b>Utilizes Dental Networks</b>	PPO™ Premier®
<b>Services Covered Immediately:</b>	
<b>Preventive Services</b> Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓   100%
<b>Fillings</b>	✓   50%
<b>Root Canals and Oral Surgery</b> Including extractions	✓   50%
<b>Services Covered after 12 months*:</b>	
<b>Periodontal Care</b> Treatment of gum disease, surgical/non-surgical treatment	✓   50%
<b>Crown and Restorative Care</b>	✓   50%
<b>Dentures and Bridges</b>	✓   50%
<b>Individual Dental Rates 18+</b>	<b>PLAN A</b> (per month)
<b>Single Applicant (you)</b>	<b>\$54.95</b>
<b>Single Applicant +1</b>	<b>\$106.65</b>
<b>Family</b>	<b>\$197.95</b>

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# 2020 Delta Dental Individual and Family™ - Plan B

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	<b>PLAN B</b>
<b>Plan Year Maximum</b> Per Person	\$1,000
<b>Annual Deductible</b> Per Person - Does not apply to Diagnostic / Preventive	\$100
<b>Utilizes Dental Networks</b>	PPO™ Premier®
<b>Services Covered Immediately:</b>	
<b>Preventive Services</b> Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓   80%
<b>Fillings</b>	✓   50%
<b>Root Canals and Oral Surgery</b> Including extractions	✓   50%
<b>Services Covered after 12 months*:</b>	
<b>Periodontal Care</b> Treatment of gum disease, surgical/non-surgical treatment	✓   50%
<b>Crown and Restorative Care</b>	✓   50%
<b>Dentures and Bridges</b>	✓   50%
<b>Individual Dental Rates 18+</b>	<b>PLAN B</b> (per month)
<b>Single Applicant (you)</b>	<b>\$38.45</b>
<b>Single Applicant +1</b>	<b>\$74.75</b>
<b>Family</b>	<b>\$138.55</b>

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# 2020 Delta Dental Individual and Family™ - Plan C

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	<b>PLAN C</b>
<b>Plan Year Maximum</b> Per Person	\$500
<b>Annual Deductible</b> Per Person - Does not apply to Diagnostic / Preventive	\$100
<b>Utilizes Dental Networks</b>	PPO™ Premier®
<b>Services Covered Immediately:</b>	
<b>Preventive Services</b> Exams and cleanings, periodontal cleanings 2 per calendar year, X-rays	✓   100%
<b>Fillings</b>	✓   50%**
<b>Root Canals and Oral Surgery</b> Including extractions	X   NA
<b>Services Covered after 12 months*:</b>	
<b>Periodontal Care</b> Treatment of gum disease, surgical/non-surgical treatment	X   NA
<b>Crown and Restorative Care</b>	X   NA
<b>Dentures and Bridges</b>	X   NA
<b>Individual Dental Rates 18+</b>	
	<b>PLAN C (per month)</b>
<b>Single Applicant (you)</b>	<b>\$32.95</b>
<b>Single Applicant +1</b>	<b>\$63.75</b>
<b>Family</b>	<b>\$118.75</b>

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