

Delta Dental of Minnesota Serving North Dakota Individual and Family™ 2023 Plans A-C

	<u>PLAN A</u> Comprehensive \$1,200	<u>PLAN B</u> Comprehensive \$ 1,000	<u>PLAN C</u> Basic Option
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%
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
• Posterior composite (white) resin fillings	Amalgam benefit	Amalgam benefit	Amalgam benefit
Endodontic Therapy • Pulpal therapy • Root canal therapy • Pulpotomy	50%	50%	N/A
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
Prosthetic Repairs • Repairs of removable and fixed prosthetic services	80%	50%	N/A
SERVICES COVERED AFTER 12 MONTHS*			
Major Services • Crowns and crown repair • Onlays	50%	50%	N/A
Periodontic Care • Surgical and non-surgical periodontal care	50%	50%	N/A
Prosthetic Services Including Bridges and Dentures • Removable prosthetic services-denture and partial • Bridges	50%	50%	N/A
Implants	N/A	N/A	N/A
DEDUCTIBLE AND ANNUAL MAXIMUM			
Deductible	\$50	\$100	\$100
Annual Maximum	\$1,200	\$1,000	\$500
DENTAL NETWORKS			
Dental Networks	Delta Dental PPO™ Delta Dental Premier®		

Not sure which plan is right for your unique needs?

Visit [DeltaDentalMN.org/Shop](https://www.DeltaDentalMN.org/Shop)

Call 1-866-764-5350

 Chat with a licensed agent

 Speak with a licensed agent

 Email plan details

 Enroll over the phone

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

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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