



Delta Dental of Minnesota



2017 Individual and Family Plans A-D

Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Services Covered Immediately:	Plan A	Plan B	Plan C	Plan D
Diagnostic/Preventive Routine exams and cleanings, including periodontal cleaning- 2 per calendar year, x-rays	100%	80%	100%	100%
Basic Restorative Fillings and sealants	50%	50%	50%**	80%
Oral Surgery Including extractions	50%	50%	N/A	50%
Root Canals Endodontics	50%	50%	N/A	50%
Services Covered After 12 Months*:				
Periodontal Care Treatment of gum disease, surgical/non-surgical treatment	50%	50%	N/A	50%
Crown and Cast Restorations	50%	50%	N/A	50%
Prosthodontics Dentures, partial dentures and bridges	50%	50%	N/A	50%
Orthodontics (for dependents ages 8 through 18)	N/A	N/A	N/A	50%
Additional Plan Details:				
Annual Coverage Maximum Per Person	\$1,200	\$1,000	\$500	\$1,250
Orthodontics Lifetime Maximum	N/A	N/A	N/A	\$1,000
Annual Deductible Per Person Does not apply to Diagnostic / Preventive	\$50	\$100	\$100	\$50
Utilizes Delta Dental Network(s):	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]	PPO SM Premier [®]

Individual Dental 18+	Plan A (per month)	Plan B (per month)	Plan C (per month)	Plan D (per month)
Single Applicant (you)	\$49.95	\$33.95	\$24.95	\$53.95
Single Applicant +1	\$96.95	\$66.95	\$50.95	\$111.95
Family	\$179.95	\$122.95	\$92.95	\$202.95

So what are you waiting for?

Speak with a licensed representative at
1-866-764-5350 or visit
DeltaDentalMN.org/Shop

PPOSM - Delta Dental PPOSM
 Premier[®] - Delta Dental Premier[®]

*waiting period may be waived with prior comparable coverage
 **3 month waiting period on Basic Services.

