



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

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**

PPO<sup>SM</sup> - Delta Dental PPO<sup>SM</sup>  
 Premier<sup>®</sup> - Delta Dental Premier<sup>®</sup>

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

