

## Delta Dental of Minnesota 2027 Individual and Family™ Plans

|                                                                                                                                      |                                                             |                          |                                           |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------|-------------------------------------------|-------------------------------------|
| The Delta Dental difference:<br>Greater access to care and more cost savings with one of the largest dental networks in the country. | Comprehensive<br>\$2,000                                    | Comprehensive<br>\$1,200 | Basic<br>Option                           | Comprehensive<br>+ Ortho            |
|                                                                                                                                      | Plan A                                                      | Plan B                   | Plan C                                    | Plan D                              |
| Deductible and Annual Maximum                                                                                                        |                                                             |                          |                                           |                                     |
| Plan Year Maximum<br>Per Person/Per Calendar Year                                                                                    | \$2,000                                                     | \$1,200                  | \$750                                     | \$1,500                             |
| Deductible<br>Per Person/Per Calendar Year<br><i>Does not apply to diagnostic &amp; preventive services</i>                          | \$50                                                        | \$100                    | \$100                                     | \$50                                |
| Dental Networks                                                                                                                      |                                                             |                          |                                           |                                     |
| Dental Networks                                                                                                                      | Delta Dental PPO™ network,<br>Delta Dental Premier® network |                          |                                           |                                     |
| Services covered on plan start date                                                                                                  |                                                             |                          |                                           |                                     |
| Diagnostic and Preventive Services<br>• Exams, cleanings including periodontal<br>- 2 per calendar year<br>• X-Rays                  | 100%                                                        | 80%                      | 100%                                      | 100%                                |
| Basic Services<br>• Fillings                                                                                                         | 50%                                                         | 50%                      | 50%<br>*3 month waiting<br>period applies | 80%                                 |
| Endodontics/Oral Surgery<br>• Root canals<br>• Extractions                                                                           | 50%                                                         | 50%                      | N/A                                       | 50%                                 |
| Services covered after waiting period*                                                                                               | 9 months                                                    | 12 months                | N/A                                       | 12 months                           |
| Periodontics<br>• Treatment of gum disease,<br>surgical/non-surgical treatment                                                       | 50%                                                         | 50%                      | N/A                                       | 50%                                 |
| Major Restorative Services<br>• Crowns                                                                                               | 50%                                                         | 50%                      | N/A                                       | 50%                                 |
| Prosthodontics<br>• Removable prosthetic services, dentures & partials<br>• Bridges                                                  | 50%                                                         | 50%                      | N/A                                       | 50%                                 |
| Child Orthodontic Coverage<br>• Orthodontic coverage for ages 8 through 18                                                           | N/A                                                         | N/A                      | N/A                                       | 50%<br>*\$1,000 lifetime<br>maximum |
| Implants                                                                                                                             | N/A                                                         | N/A                      | N/A                                       | N/A                                 |
|                                                                                                                                      |                                                             |                          |                                           |                                     |
| Rates - Monthly                                                                                                                      | Plan A                                                      | Plan B                   | Plan C                                    | Plan D                              |
| Subscriber                                                                                                                           | \$62.87                                                     | \$45.76                  | \$37.33                                   | \$65.15                             |
| Subscriber + 1                                                                                                                       | \$122.04                                                    | \$90.25                  | \$76.22                                   | \$135.19                            |
| Family                                                                                                                               | \$226.52                                                    | \$165.83                 | \$139.03                                  | \$245.07                            |

### Not sure which plan is right for your unique needs?

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

 Chat with a licensed agent  
[DeltaDentalMN.org](https://www.DeltaDentalMN.org)

 Call 1-866-764-5350

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

Out of Network Benefits: Dentists who have signed an in-network agreement with Delta Dental have agreed to accept the maximum allowable fee as payment in full. Out-of-network dentists have not signed an agreement and are not obligated to limit the amount they charge; the member is responsible for paying out-of-network dentists any difference between the charged amount and the maximum amount payable determined by Delta Dental.

This is a summary of benefits only. For a complete list of covered services, limitations and exclusions, please refer to the Dental Plan Details.

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DDMN.8.17.26