



# 2024 Pathfinder Plans

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Delta Dental of Minnesota

Delta Dental PPO Plus Premier™



# Minnesota 2024

## Delta Dental PPO plus Premier™ (2 - 100 Eligible Employees)



	Pathfinder 1	Pathfinder 2	Pathfinder 3	Pathfinder 4	Pathfinder 5	Pathfinder 6
	1,000	1,500	1,500	1,500	1,500	1,500
Employee Only	\$33.12	\$41.76	\$39.67	\$46.27	\$44.49	\$41.15
Employee + Spouse	\$63.53	\$80.22	\$76.08	\$88.77	\$85.48	\$79.08
Employee + Child (ren)	\$77.64	\$97.18	\$92.35	\$108.91	\$101.77	\$94.16
Family	\$121.72	\$151.18	\$144.95	\$169.18	\$158.84	\$146.94

### Deductible

Annual Deductible: \$50/\$150	•		•	•		
Lifetime Deductible: \$100/\$300		•			•	•
Preventive Care Deductible \$50 Lifetime/Person	•		•	•		

### Unique Features

Preventative Care Diagnostic & preventative services do not apply to annual max				•		
Child Orthodontic Care				•		
Posterior Composite Fillings (White)				•	•	•
Endodontic / Periodontic (80%)				•	•	•
No Waiting Periods			•			•
Missing Tooth Clause	•	•	•	•	•	•
Passive Network	•	•	•	•	•	•
24 Month Contract					•	
Network Access / Savings	•	•	•	•	•	•

This is a summary only and does not guarantee coverage, rates or benefits.



## Benefits that keep your business prosperous

Dental coverage is more than just a way to attract and retain employees.



**Improve productivity:**

Each year, more than 92 million work hours are lost due to emergency unplanned dental care.<sup>1</sup>



**Reduce medical care costs:**

Routine dental visits often detect early stages of over 120 other medical conditions.<sup>2</sup>

Benefits that keep your business thriving. Delta Dental offers better service and support to your business and its employees.



**Experience you can trust:** More than 157,000 businesses rely on Delta Dental to protect their employees' oral health, and over 85 million enrollees trust their smiles to Delta Dental.<sup>3</sup>



**Access:** Delta Dental provides one of the largest nationwide networks.



**Network savings:** Our network discounts provide extensive savings for employees.



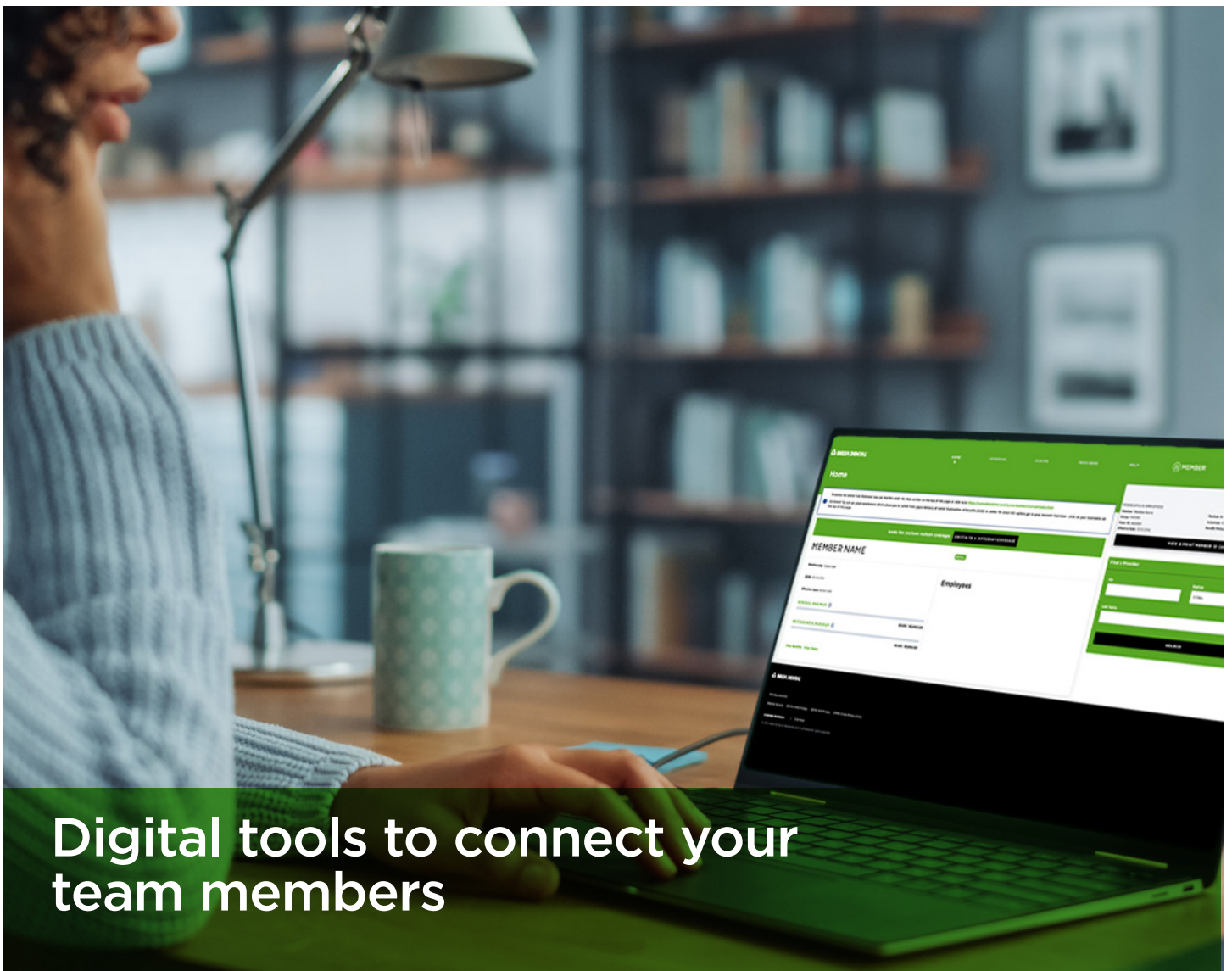
**Technology & Innovation:** We continue to enhance our digital tools and resources through our member portal and member app.



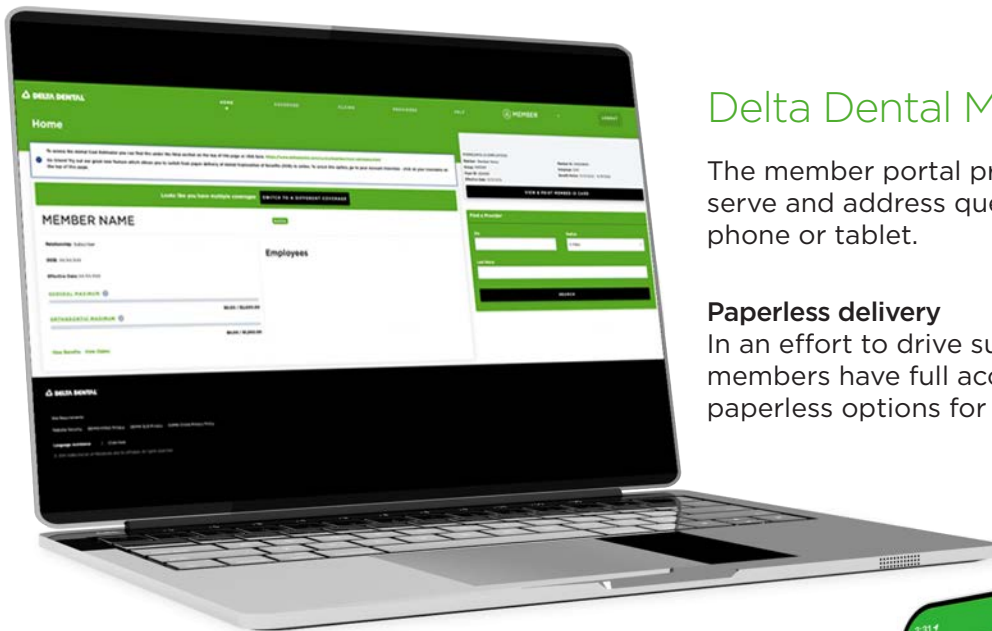
**Service, Support, and Partnership:** We provide world-class customer service, with commitment to member & client satisfaction and to the community.



**Dental Expertise:** We focus on the connection between oral health and overall health. The Power of Smile™ Blog and oral health resources written by our team of in-house clinicians and experienced service teams provide resources for brokers, employers and members.



# Digital tools to connect your team members



## Delta Dental Member Portal

The member portal provides tools for members to self serve and address questions 24/7 via computer, smart phone or tablet.

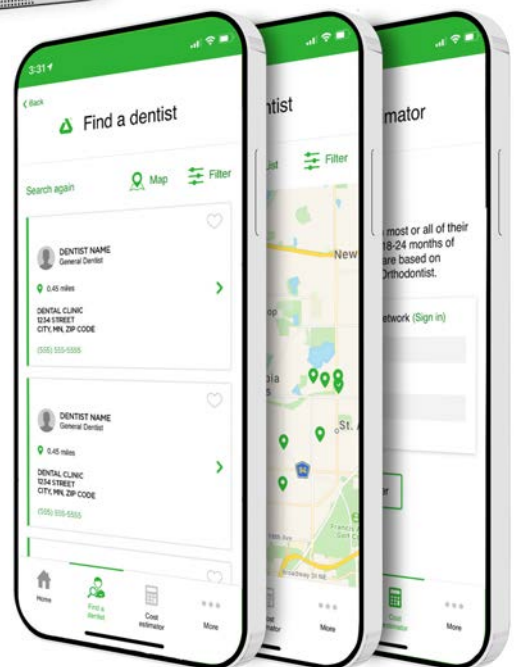
### Paperless delivery

In an effort to drive sustainability and ease of use, members have full access to digital ID cards and paperless options for Eligibility of Benefits statements.

## Delta Dental Mobile App

Manage your oral health anytime, anywhere.

We've designed our mobile app to make it easy for your members to make the most of their dental benefits. Search for a dentist near you, view ID cards and more, right on your mobile device.



2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
12-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> Waiting Period - 12 Months	Pulpal therapy	55%	50%
	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
<b>Periodontic Services</b> Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%	50%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> Waiting Period - 12 Months	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person		\$50
	<b>Annual Deductible - Per person / family</b>		\$50/\$150
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>		\$1,000
<b>Contract Length</b>			12 months

## Pathfinder 1 Rates

<b>Employee</b>	<b>\$33.12</b>
<b>Employee + Spouse</b>	<b>\$63.53</b>
<b>Employee + Child(ren)</b>	<b>\$77.64</b>
<b>Family</b>	<b>\$121.72</b>

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 1

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.

2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
12-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> Waiting Period - 12 Months	Pulpal therapy	55%	50%
	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
<b>Periodontic Services</b> Waiting Period - 12 Months	Surgical and non surgical periodontic services	55%	50%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> Waiting Period - 12 Months	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person	See Guidelines Below	
	<b>Lifetime Deductible - Per person / family</b>	\$100/\$300	
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>	\$1,500	
<b>Contract Length</b>		12 months	

## Pathfinder 2 Rates

<b>Employee</b>	<b>\$41.76</b>
<b>Employee + Spouse</b>	<b>\$80.22</b>
<b>Employee + Child(ren)</b>	<b>\$97.18</b>
<b>Family</b>	<b>\$151.18</b>

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 2

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to endodontic, periodontic, crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.

2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
12-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> No Waiting Period	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> No Waiting Period	Pulpal therapy	55%	50%
	Root canal therapy	55%	50%
	Pulpotomy	55%	50%
<b>Periodontic Services</b> No Waiting Period	Surgical and non surgical periodontic services	55%	50%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin fillings	Amalgam Benefit	Amalgam Benefit
	Inlays, onlays, crowns and crown repair*	55%	50%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> No Waiting Period	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person		\$50
	<b>Annual Deductible - Per person / family</b>		\$50/\$150
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>		\$1,500
<b>Contract Length</b>			12 months

## Pathfinder 3 Rates

<b>Employee</b>	<b>\$39.67</b>
<b>Employee + Spouse</b>	<b>\$76.08</b>
<b>Employee + Child(ren)</b>	<b>\$92.35</b>
<b>Family</b>	<b>\$144.95</b>

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 3

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.

2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
12-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin fillings	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> No Waiting Period	Pulpal therapy	80%	80%
	Root canal therapy	80%	80%
	Pulpotomy	80%	80%
<b>Periodontic Services</b> No Waiting Period	Surgical and non surgical periodontic services	80%	80%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin fillings	80%	80%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> Waiting Period - 12 Months	Inlays, onlays, crowns and crown repair*	55%	50%
	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Child Orthodontic Coverage</b> Waiting Period - 12 Months	Child orthodontic lifetime maximum		\$1,000
	Child orthodontic coverage for ages 8 to 19		50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person		\$50
	<b>Annual Deductible - Per person / family</b>		\$50/\$150
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>		\$1,500
<b>Contract Length</b>			12 months

## Pathfinder 4 Rates

<b>Employee</b>	<b>\$46.27</b>
<b>Employee + Spouse</b>	<b>\$88.77</b>
<b>Employee + Child(ren)</b>	<b>\$108.91</b>
<b>Family</b>	<b>\$169.18</b>

OON - Out of Network PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 4

- A minimum of two employees must enroll.
- Annual deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs, prosthetics and orthodontics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.



2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
24-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin filling	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> Waiting Period - 6 Months	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> No Waiting Period	Pulpal therapy	80%	80%
	Root canal therapy	80%	80%
	Pulpotomy	80%	80%
<b>Periodontic Services</b> No Waiting Period	Surgical and non surgical periodontic services	80%	80%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin filling	80%	80%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> Waiting Period - 12 Months	Inlays, onlays, crowns and crown repair*	55%	50%
	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person	See Guidelines Below	
	<b>Lifetime Deductible - Per person / family</b>	\$100/\$300	
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>	\$1,500	
<b>Contract Length</b>		24 months	

## Pathfinder 5 Rates

<b>Employee</b>	<b>\$44.49</b>
<b>Employee + Spouse</b>	<b>\$85.48</b>
<b>Employee + Child(ren)</b>	<b>\$101.77</b>
<b>Family</b>	<b>\$158.84</b>

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 5

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- A 6-month waiting period applies to oral surgery. A 12-month waiting period applies to crowns, prosthetic repairs and prosthetics. See above for plan details.
- For clients that have had at least 12 months of comparable consecutive coverage, all waiting periods are initially waived. The waiver does not apply to employees/dependents who join the client or enroll for coverage after the initial effective date.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.

2-100 Eligible Employees  
Delta Dental PPO Plus Premier™  
12-Month Contract

Service	Description	PPO / Premier	OON
<b>Diagnostic / Preventive Services</b> No Waiting Period	Oral evaluations	100%	100%
	Cleanings - 2 per year	100%	100%
	X-rays	100%	100%
	Fluoride treatments	100%	100%
<b>Basic Restorative Services</b> No Waiting Period	Sealants	80%	80%
	Space maintainers	80%	80%
	Amalgam (silver) fillings	80%	80%
	Anterior composite resin filling	80%	80%
	Palliative treatment for emergencies	80%	80%
<b>Simple &amp; Complex Oral Surgery</b> No Waiting Period	Simple extraction of erupted tooth or exposed root	55%	50%
	Surgical removal of erupted tooth, impacted tooth and tooth roots	55%	50%
<b>Endodontic Services</b> No Waiting Period	Pulpal therapy	80%	80%
	Root canal therapy	80%	80%
	Pulpotomy	80%	80%
<b>Periodontic Services</b> No Waiting Period	Surgical and non surgical periodontic services	80%	80%
<b>Major Restorative Services</b> No Waiting Period	Posterior composite resin filling	80%	80%
<b>Crowns and Prosthetic Services, including Bridges and Dentures</b> No Waiting Period	Inlays, onlays, crowns and crown repair*	55%	50%
	Removable prosthetic services-dentures and partials**	55%	50%
	Fixed prosthetic services - bridges**	55%	50%
	Repairs of removable and fixed prosthetic services**	55%	50%
	Implants**	55%	50%
<b>Deductible</b>	<b>Lifetime Deductible - Diagnostic &amp; Preventive Services</b> Per person	See Guidelines Below	
	<b>Lifetime Deductible - Per person / family</b>	\$100/\$300	
<b>Annual Maximum</b>	<b>Per person / per calendar year</b>	\$1,500	
<b>Contract Length</b>		12 months	

## Pathfinder 6 Rates

<b>Employee</b>	<b>\$41.15</b>
<b>Employee + Spouse</b>	<b>\$79.08</b>
<b>Employee + Child(ren)</b>	<b>\$94.16</b>
<b>Family</b>	<b>\$146.94</b>

OON - Out of Network

PPO / Premier - Delta Dental PPO™, Delta Dental Premier®

\*Pin post core and crown build up not covered.

\*\*A 24-month missing tooth clause applies to prosthetic services.

### Guidelines for Pathfinder Plan 6

- A minimum of two employees must enroll.
- Lifetime deductible applies to all services, including Diagnostic and Preventive Services.
- Annual open enrollment.
- Claims received from dentists outside the Delta Dental network are not eligible for network discounts. Members are responsible for paying the difference between Delta Dental of Minnesota's allowable fee and the fees charged by the non-participating dentist.
- 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.

# Contact Us or Visit Us Online

[DeltaDentalMN.org](http://DeltaDentalMN.org)

## Small Business Sales:

- Renewals, plan changes or plan questions
- Summary plan descriptions
- Proposals and sales assistance

1-800-906-5250

[DeltaDentalMN.org/agents](http://DeltaDentalMN.org/agents)

[Deltadentalconnect@deltadentalmn.org](mailto:Deltadentalconnect@deltadentalmn.org)

## Large Client Sales:

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

## Individual and Family Dental Plans:

- Plan descriptions
- Sales & enrollment assistance

1-866-764-5350

[DeltaDentalMN.org/shop](http://DeltaDentalMN.org/shop)

[Sales@deltadentalmn.org](mailto:Sales@deltadentalmn.org)

## Employer Services:

Additional Resources - Enrollment and Billing

- Employee benefits
- Enrollment
- Claims status
- Billing
- Employer Services Portal

1-866-318-9449

7 a.m.-7 p.m. CST/CDT



### Eligibility Address

Delta Dental of Minnesota  
Attn: Enrollment Department  
P.O. Box 30416  
Lansing, MI 48909-7916  
[Eligibility@mydeltadental.com](mailto:Eligibility@mydeltadental.com)

### Corporate Address

Delta Dental of Minnesota  
500 Washington Avenue South  
Suite 2060  
Minneapolis, MN 55415

# Just A Click Away at [DeltaDentalMN.org](http://DeltaDentalMN.org)

## Tools to Assist Your Clients

- Product brochures
- Forms
- Answers to frequently asked questions  
[deltadentalmn.org/frequently-asked-questions](http://deltadentalmn.org/frequently-asked-questions)

## The Delta Dental Difference

- Dental expertise
- Superior service
- Largest networks
- Exceptional savings

**DeltaDentalMN.org**

500 Washington Avenue South  
Suite 2060  
Minneapolis, MN 55415



**Delta Dental of Minnesota**

<sup>1</sup> US Department of Health and Human Services, Centers of Disease Control and Prevention, *Hours Lost to Planned and Unplanned Dental Visits Among US Adults*, January 11, 2018; [https://www.cdc.gov/pcd/issues/2018/17\\_0225.html](https://www.cdc.gov/pcd/issues/2018/17_0225.html)

<sup>2</sup> Delta Dental Plans Association, 2018

<sup>3</sup> Delta Dental Plans Association, 2021

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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