



2024 Small Business Plans

Delta Dental of Minnesota

Delta Dental PPO Plus Premier™



Delta Dental Small Business Plans

Give your business the winning edge with Delta Dental plans to meet your small business needs.

Whether your business is large, small or in between we have a plan that is perfect for you and your employees.

Dental insurance is the third-most requested benefit among employees. Talented employees want benefit packages that will work to protect their overall health. Delta Dental of Minnesota is one of the largest providers of dental benefits, serving 4.5 million members nationwide with a long-lasting reputation of quality benefits and superior customer service.

Keep your employees smiling with high quality plans to meet your business needs.

Delta Dental PPO Plus Premier™

Solutions **1000**

Dental benefits at a value price and a \$1000 annual maximum.

Delta Dental PPO Plus Premier™

Solutions **1500**

Coverage at a value price with great network savings and a \$1500 annual maximum.

Delta Dental PPO Plus Premier™

Solutions **2000**

Even more benefits including orthodontics and a \$2000 annual maximum.

Delta Dental PPO Plus Premier™

Dual Option

More options both in-network and out-of-network and a \$1000 or \$2000 annual maximum.

Delta Dental PPO Plus Premier™

Dual Option *+ Ortho Option*

All the benefits of Dual Option with orthodontic benefits and a \$1000 or \$2000 annual maximum.

Delta Dental PPO Plus Premier™

Dental Flex *options*

Robust benefits in all networks with a \$1000 or \$1500 annual maximum and orthodontics option.

Minnesota 2024

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



	Solutions			Dual Option		Dental Flex			
	1,000	1,500	2,000	2,000 / 1,000	2,000 / 1,000 (+ Ortho)	1,000	1,000 Ortho	1,500	1,500 Ortho
Employee Only	\$38.70	\$48.58	\$55.12	\$51.04	\$51.04	\$34.16	\$34.16	\$37.84	\$37.84
Employee + Spouse	\$74.20	\$92.86	\$105.78	\$102.09	\$102.09	\$68.33	\$68.33	\$75.68	\$75.68
Employee + Child (ren)	\$90.05	\$110.59	\$135.92	\$112.55	\$132.80	\$85.11	\$104.29	\$93.36	\$112.54
Family	\$141.29	\$173.87	\$208.42	\$146.50	\$166.75	\$115.10	\$134.28	\$127.23	\$146.40

Deductible

Annual Deductible: \$50/\$150	•	•	•			•	•	•	•
Annual Deductible: \$0 or \$25/75				•	•				

Unique Features

Preventative Care Diagnostic & preventative services do not apply to annual max		•							
4 Cleanings Per Year		•							
Child Orthodontic Care			•		•		•		•
Posterior Composite Fillings (White)	•	•	•	•	•				
Endodontic / Periodontic (80%)	•	•	•	•	•				
No Waiting Periods				•	•				
Missing Tooth Clause						•	•	•	•
Passive Network	•	•	•						
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.¹



Reduce medical care costs:

Routine dental visits often detect early stages of over 120 other medical conditions.²

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.³



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



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



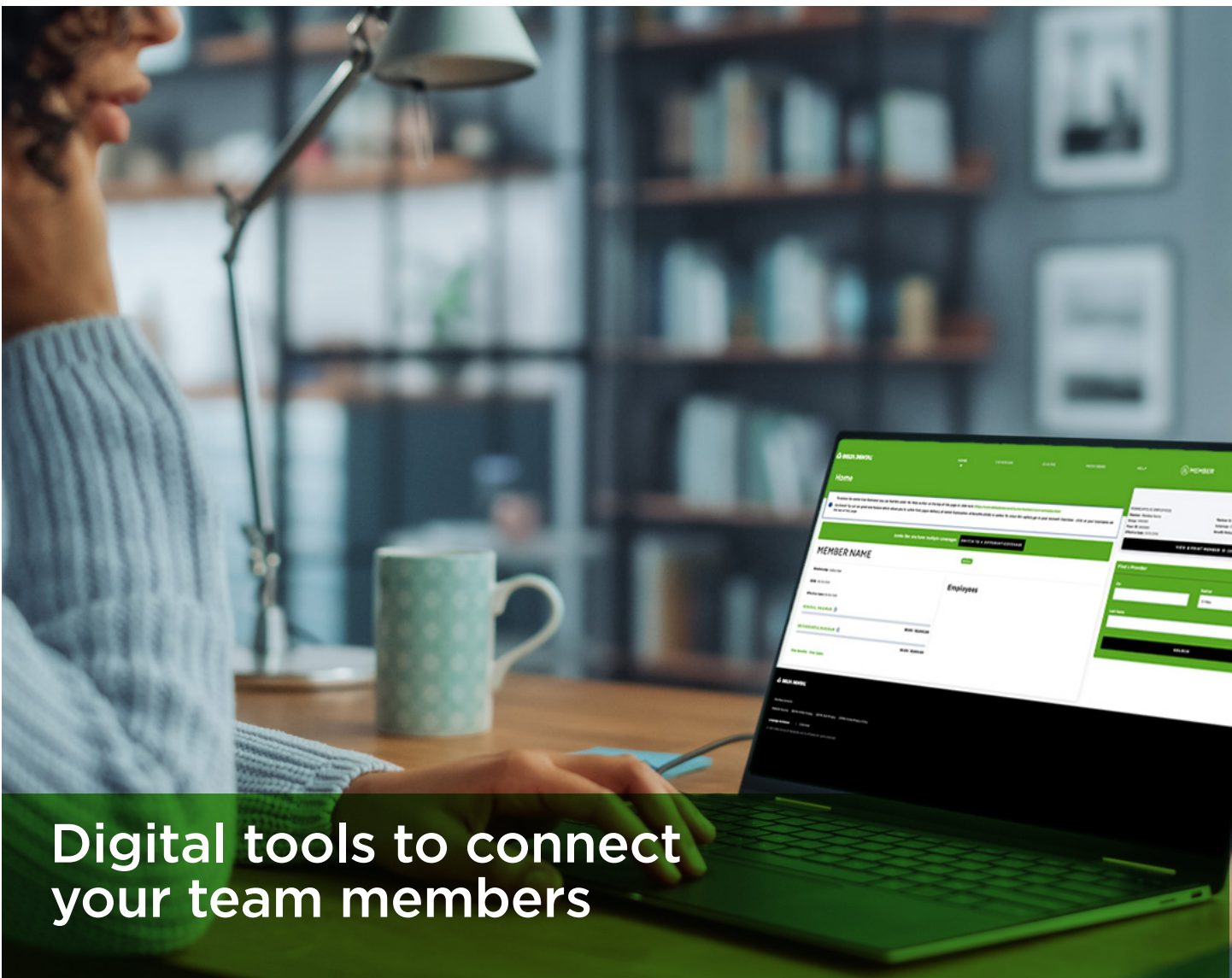
Technology & Innovation: We continue to enhance our digital tools and resources through our member portal and member app.



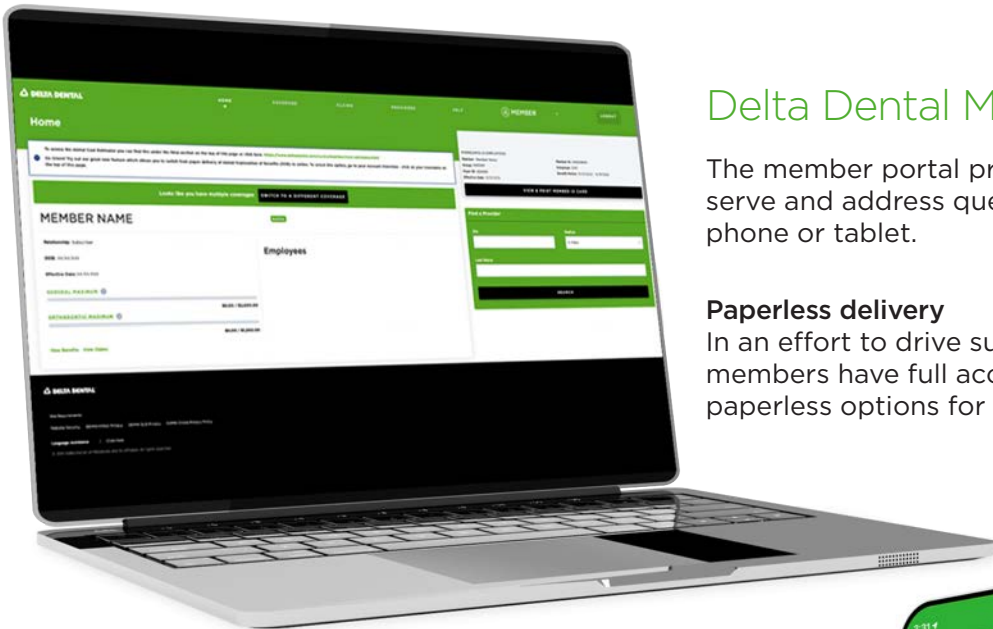
Service, Support, and Partnership: We provide world-class customer service, with commitment to member & client satisfaction and to the community.



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.

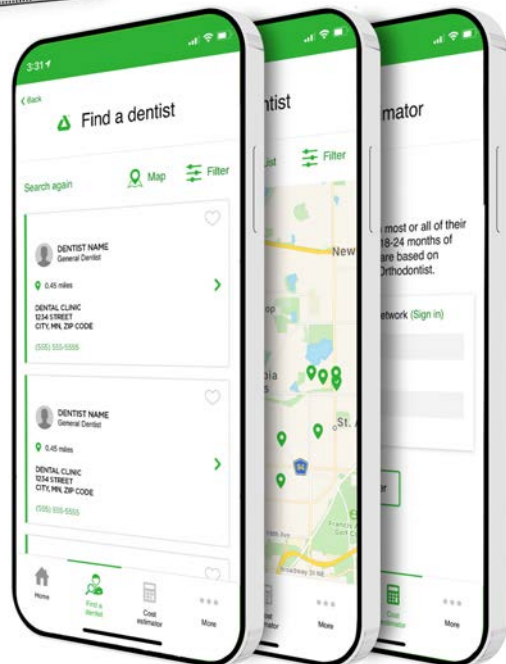
Paperless delivery

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.



Delta Dental PPO Plus Premier™

Solutions 1000

2-100 Eligible Employees

Dental benefits at a value price and a \$1000 annual maximum.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
2



Annual Deductible
\$50 / \$150



Annual Maximum
\$1,000

Solutions 1000

	PPO / Premier	OON
Diagnostic and Preventive Services	100%	100%
Basic Restorative Services	80%	60%
Simple Oral Surgery	80%	60%
Complex Oral Surgery	50%	40%
Endodontic Services	80%	60%
Periodontic Services	80%	60%
Prosthetic Services, Including Bridges and Dentures	50%	40%

OON - Out of Network

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

2-100 Eligible Employees Delta Dental PPO Plus Premier™

Service	Description	PPO / Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%	100%
	Cleanings Up to 2 per calendar year	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	80%	60%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	80%	60%
Complex Oral Surgery Waiting Period - 12 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%	40%
Endodontic & Periodontic Services Waiting Period - 6 Months	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	60%
	Periodontic Services Surgical and non-surgical periodontic services	80%	60%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	40%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	40%
	Implants	50%	40%
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$50 / \$150	
Annual Maximum	Per person / per calendar year	\$1,000	

Solutions 1000 Rates

Employee	\$38.70
Employee + Spouse	\$74.20
Employee + Child(ren)	\$90.05
Family	\$141.29

OON - Out of Network

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

Guidelines for Solutions 1000

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- A 6-month waiting period applies to simple oral surgery, endodontic, and periodontic services. A 12-month waiting period applies to complex oral surgery, major restorative, 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.

Delta Dental PPO Plus Premier™

Solutions 1500

2-100 Eligible Employees

Coverage at a value price with great network savings and a \$1500 annual maximum.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
4



Annual Deductible
\$50 / \$150



Annual Maximum
\$1,500

Solutions 1500

	PPO / Premier / OON
Diagnostic and Preventive Services	100%
Basic Restorative Services	80%
Simple Oral Surgery	80%
Complex Oral Surgery	50%
Endodontic Services	80%
Periodontic Services	80%
Prosthetic Services, Including Bridges and Dentures	50%

OON - Out of Network

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

2-100 Eligible Employees Delta Dental PPO Plus Premier™

Service	Description	PPO / Premier / OON
Diagnostic and Preventive Services No Waiting Period Does Not Apply to Annual Maximum	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%
	Cleanings Up to 4 per calendar year	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	80%
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	80%
Complex Oral Surgery Waiting Period - 12 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%
Endodontic & Periodontic Services Waiting Period - 6 Months	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%
	Periodontic Services Surgical and non-surgical periodontic services	80%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%
	Implants	50%
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$50 / \$150
Annual Maximum	Per person / per calendar year	\$1,500

Solutions 1500 Rates

Employee	\$48.58
Employee + Spouse	\$92.86
Employee + Child(ren)	\$110.59
Family	\$173.87

OON - Out of Network

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

Guidelines for Solutions 1500

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- A 6-month waiting period applies to simple oral surgery, endodontic, and periodontic services. A 12-month waiting period applies to complex oral surgery, major restorative, 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.

Delta Dental PPO Plus Premier™
Solutions 2000

2-100 Eligible Employees

Even more benefits including orthodontics and a \$2000 annual maximum.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
2



Annual Deductible
\$50 / \$150



Annual Maximum
\$2,000



Child Orthodontic Coverage
Yes

Solutions 2000

	PPO	Premier	OON
Diagnostic and Preventive Services	100%	100%	100%
Basic Restorative Services	85%	80%	65%
Simple Oral Surgery	85%	80%	65%
Complex Oral Surgery	60%	50%	40%
Endodontic Services	85%	80%	65%
Periodontic Services	85%	80%	65%
Prosthetic Services, Including Bridges and Dentures	60%	50%	40%
Child Orthodontic Coverage		\$2,000 / 50%	

OON - Out of Network

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

2-100 Eligible Employees Delta Dental PPO Plus Premier™

Service	Description	PPO	Premier	OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%	100%	100%
	Cleanings Up to 2 per calendar year	100%	100%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, posterior composite resin fillings	85%	80%	65%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	85%	80%	65%
Complex Oral Surgery Waiting Period - 12 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	60%	50%	40%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	85%	80%	65%
	Periodontic Services Surgical and non-surgical periodontic services	85%	80%	65%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs Core buildup	60%	50%	40%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	60%	50%	40%
	Implants	60%	50%	40%
Child Orthodontic Coverage Waiting Period - 12 Months	Lifetime maximum	\$2,000		
	Orthodontic coverage for ages 8 to 19	50%		
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$50 / \$150		
Annual Maximum	Per person / per calendar year	\$2,000		

Solutions 2000 Rates

Employee	\$55.12
Employee + Spouse	\$105.78
Employee + Child(ren)	\$135.92
Family	\$208.42

OON - Out of Network

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

Guidelines for Solutions 2000

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 12-month waiting period applies to complex oral surgery, major restorative, prosthetic repairs, prosthetics and orthodontic services. 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.

Delta Dental PPO Plus Premier™

Solutions Dual Option

2-100 Eligible Employees

Formerly Millennium Choice

More options both in-network and out-of-network and a \$1000 or \$2000 annual maximum.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
2



Annual Deductible
\$25 / \$75



Annual Maximum
\$2,000 / \$1,000

Solutions Dual Option

	Option 1		Option 2
	PPO	Premier / OON	Premier / OON
Diagnostic and Preventive Services	100%	80%	100%
Basic Restorative Services	90%	50%	80%
Simple Oral Surgery	100%	50%	80%
Complex Oral Surgery	80%	80%	80%
Endodontic Services	80%	50%	50%
Periodontic Services	80%	50%	50%
Prosthetic Services, Including Bridges and Dentures	50%	50%	50%

OON - Out of Network

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

Solutions *Dual Option*

Formerly Millennium Choice

2024
Delta Dental of Minnesota
Dental Plans for All Employers

2-100 Eligible Employees Delta Dental PPO Plus Premier™

Service	Description	Option 1		Option 2
		PPO	Premier/ OON	Premier/ OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%	100%
	Cleanings Up to 2 per calendar year	100%	80%	100%
	Space Maintainers	100%	80%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants	90%	50%	80%
	Posterior Composite Resin Fillings	50%	50%	50%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	100%	50%	80%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	80%	80%	80%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	80%	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	50%	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%	50%
	Implants	50%	50%	50%
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$0	\$25/\$75	\$25/\$75
Annual Maximum	Per person / per calendar year	\$2,000	\$2,000	\$1,000

Solutions Dual Option Rates

Employee	\$51.04
Employee + Spouse	\$102.09
Employee + Child(ren)	\$112.55
Family	\$146.50

OON - Out of Network

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

Guidelines for Solutions Dual Option

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- 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.

Delta Dental PPO Plus Premier™

Solutions Dual Option Plus Ortho

2-100 Eligible Employees

Formerly Millennium Choice

All the benefits of Dual Option with orthodontic benefits and a \$1000 or \$2000 annual maximum.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
2



Annual Deductible
\$25 / \$75



Annual Maximum
\$2,000 / \$1,000



Child Orthodontic Coverage
Yes

Solutions Dual Option Plus Ortho

	Option 1		Option 2
	PPO	Premier / OON	Premier / OON
Diagnostic and Preventive Services	100%	80%	100%
Basic Restorative Services	90%	50%	80%
Simple Oral Surgery	100%	50%	80%
Complex Oral Surgery	80%	80%	80%
Endodontic Services	80%	50%	50%
Periodontic Services	80%	50%	50%
Prosthetic Services, Including Bridges and Dentures	50%	50%	50%
Child Orthodontic Coverage	\$1,000 / 50%		

OON - Out of Network

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

Solutions **Dual Option + Ortho**

Formerly Millennium Choice

2024
Delta Dental of Minnesota
Dental Plans for All Employers

2-100 Eligible Employees
Delta Dental PPO Plus Premier™

Service	Description	Option 1		Option 2
		PPO	Premier/ OON	Premier/ OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%	100%
	Cleanings Up to 2 per calendar year	100%	80%	100%
	Space Maintainers	100%	80%	100%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants	90%	50%	80%
	Posterior Composite Resin Fillings	50%	50%	50%
Simple Oral Surgery No Waiting Period	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	100%	50%	80%
Complex Oral Surgery No Waiting Period	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	80%	80%	80%
Endodontic & Periodontic Services No Waiting Period	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	80%	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	80%	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures No Waiting Period	Inlays, Onlays, Crowns and Crown Repairs Core buildup	50%	50%	50%
	Prosthetic Services, including Bridges and Dentures Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%	50%
	Implants	50%	50%	50%
Child Orthodontic Coverage No Waiting Period	Lifetime maximum	\$1,000	\$1,000	\$1,000
	Orthodontic coverage for ages 8 to 19	50%	50%	50%
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$0	\$25/\$75	\$25/\$75
Annual Maximum	Per person / per calendar year	\$2,000	\$2,000	\$1,000

Solutions Dual Option Plus Ortho Rates

Employee	\$51.04
Employee + Spouse	\$102.09
Employee + Child(ren)	\$132.80
Family	\$166.75

OON - Out of Network

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

Guidelines for Solutions Dual Option Plus Ortho

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- 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.

Delta Dental PPO Plus Premier™

Dental Flex Options

2-100 Eligible Employees

Robust benefits in all networks with a \$1000 or \$1500 annual maximum and orthodontics option.



Network(s)
Delta Dental PPO™
Delta Dental Premier®



Cleanings Per Year
2



Annual Deductible
\$50 / \$150



Annual Maximum
\$1,000 or \$1,500



Child Orthodontic Coverage
Yes

Dental Flex

	PPO	Premier / OON
Diagnostic and Preventive Services	100%	80%
Basic Restorative Services	80%	50%
Simple Oral Surgery	50%	50%
Complex Oral Surgery	50%	50%
Endodontic Services	50%	50%
Periodontic Services	50%	50%
Prosthetic Services, Including Bridges and Dentures	50%	50%
Optional Child Orthodontic Coverage	\$1,000 / 50%	

OON - Out of Network

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

Dental Flex Options

2024
Delta Dental of Minnesota
Dental Plans for All Employers

2-100 Eligible Employees Delta Dental PPO Plus Premier™

Service	Description	PPO	Premier / OON
Diagnostic and Preventive Services No Waiting Period	Oral evaluations Oral evaluations, X-rays, fluoride treatments	100%	80%
	Cleanings Up to 2 per calendar year	100%	80%
Basic Services No Waiting Period	Basic Restorative Services Amalgam (silver) fillings, anterior composite resin fillings, palliative treatment for emergencies, sealants, space maintainers	80%	50%
	Posterior Composite Resin Fillings	Amalgam Benefit	
Simple Oral Surgery Waiting Period - 6 Months	Simple Oral Surgery Simple extraction of erupted tooth or exposed root	50%	50%
Complex Oral Surgery Waiting Period - 6 Months	Complex Oral Surgery Surgical removal of erupted tooth, impacted tooth & tooth roots	50%	50%
Endodontic & Periodontic Services Waiting Period - 6 Months	Endodontic Services Pulpal therapy, root canal therapy, pulpotomy	50%	50%
	Periodontic Services Surgical and non-surgical periodontic services	50%	50%
Crowns and Prosthetic Services, including Bridges and Dentures Waiting Period - 12 Months	Inlays, Onlays, Crowns and Crown Repairs	50%	50%
	Prosthetic Services, including Bridges and Dentures** Removable prosthetic services-denture and partial, bridges, repairs of removable & fixed prosthetic services	50%	50%
Optional Child Orthodontic Coverage Waiting Period - 12 Months	Lifetime maximum	\$1,000	
	Optional orthodontic coverage for ages 8 to 19	50%	
Annual Deductible	Per person / per family Does not apply to Diagnostic & Preventive Services	\$50 / \$150	
Annual Maximum	Per person / per calendar year	\$1,000 or \$1,500	

Dental Flex Rates

Annual Max \$1,000	Without Orthodontic Coverage	With Orthodontic Coverage
Employee	\$34.16	\$34.16
Employee + Spouse	\$68.33	\$68.33
Employee + Child(ren)	\$85.11	\$104.29
Family	\$115.10	\$134.28

Annual Max \$1,500	Without Orthodontic Coverage	With Orthodontic Coverage
Employee	\$37.84	\$37.84
Employee + Spouse	\$75.68	\$75.68
Employee + Child(ren)	\$93.36	\$112.54
Family	\$127.23	\$146.40

OON - Out of Network

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

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

Guidelines for Dental Flex

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services or orthodontic services where applicable.
- A 6-month waiting period applies to simple and complex oral surgery, endodontic and periodontic services. A 12-month waiting period applies to major restorative, prosthetic repairs, prosthetics and orthodontic services. See above for plan details.
- Posterior (back tooth) composite fillings alternate to the amalgam benefit.
- 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.

Contact Us or Visit Us Online

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

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

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

Corporate Address

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

Just A Click Away at DeltaDentalMN.org

Tools to Assist Your Clients

- Product brochures
- Forms
- Answers to frequently asked questions
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

¹ 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

² Delta Dental Plans Association, 2018

³ Delta Dental Plans Association, 2021

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