



Delta Dental of Minnesota  
Serving North Dakota

# 2025 Pediatric and Adult Dental Benefits

Certified, stand-alone pediatric dental plans for those under age 19

Pediatric dental coverage for dependents under age 19 is one of 10 Essential Health Benefits (EHBs) required under the federal Affordable Care Act (ACA). The pediatric dental requirement can be satisfied with the purchase of one of our certified, stand-alone dental plans. Delta Dental offers the nation's largest network of dental providers, delivering greater access to care and more cost savings.

Pediatric Dental Health Benefits (Under age 19)		Kids Plan	
	In-Network (IN)	Out-of-Network (OON)	
<b>Diagnostic/Preventive</b> Routine exams and cleanings twice per calendar year, X-rays, fluoride treatments, sealants	100% (no deductible)	100% (no deductible)	
<b>Basic Services</b> Fillings	50%	50%	
<b>Endodontics/Periodontics/Oral Surgery</b> Root canals, treatment of gum disease, extractions	50%	50%	
<b>Major Services</b> Crowns, dentures, bridges	50%	50%	
<b>Medically Necessary Orthodontics</b>	50%	50%	
<b>Deductible Per Person/Per Calendar Year</b>	\$50 (does not apply to Diagnostic/Preventive Services)		
<b>Annual Plan Maximum Per Person/Per Calendar Year</b>	N/A	N/A	
<b>Annual Out of Pocket Maximum</b>	\$400-1 child \$800-maximum for 2 or more children		N/A
<b>Premium Per Member/Per Month</b> (Maximum 3 child premiums per family*)	\$52.53		

Adult Plans (Age 19 and older)	Bronze	Silver	Gold	Platinum
	1 Cleaning, 1 Exam, 1 Bitewing**			
	IN/OON	IN/OON	IN/OON	IN/OON
<b>Diagnostic/Preventive (no deductible)</b> Routine exams and cleanings twice per calendar year (once per calendar year for Adult Plan Bronze), X-rays	100%	100%	100%	100%
<b>Basic Services</b> Fillings	0%	50%	50%	80%
<b>Endodontics/Periodontics/Oral Surgery</b> Root canals, treatment of gum disease, extractions	0%	0%	50%	50%
<b>Major Services (12-month waiting period***)</b> Crowns, dentures, bridges	0%	0%	25%	50%
<b>Deductible Per Person/Per Calendar Year</b> (does not apply to Diagnostic/Preventive Services)	\$0	\$50	\$50	\$50
<b>Annual Maximum Per Person/Per Calendar Year</b>	\$500	\$500	\$1,000	\$1,200
<b>Annual Out-of-Pocket Maximum</b>	N/A	N/A	N/A	N/A
<b>Premium Per Member/Per Month</b>	\$15.80	\$27.95	\$42.95	\$55.00

\*Maximum charge for 3 dependents under the age of 21. Dependent children 19 and older will be subject to the applicable adult rate.

\*\*Bitewing X-ray series once every two calendar years.

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

**If you have any questions, please contact Delta Dental:  
1-866-764-5350 or visit DeltaDentalMN.org**

**IN - In-Network, Delta Dental PPO Plus Premier™**

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.