

# Delta Dental of Minnesota Serving North Dakota 2024 Medica Dental Plans



## The Delta Dental Difference

- Best-in-class customer service
- Ability to pair medical and dental benefits
- Coverage options to fit your needs



## Extensive dental networks

Delta Dental PPO™ Plus Premier®

Delta Dental Premier®: 262

Delta Dental PPO™: 103

## Medica Dental Plans:

### 2-100 Eligible Employees

	Plan 1	Plan 2	Plan 3
<b>Deductible</b> Per person / per family (calendar year)	\$50/\$150	\$50/\$150	\$25/\$75
<b>Annual Maximum</b>	\$750	\$1,000	\$1,500
<b>Covered Services</b>			
<b>Diagnostic and Preventive Services</b>	100%	100%	100%
<b>Basic Restorative Services</b>	80%	80%	80%
<b>Endodontic Services*</b>	N/A	50%	80%
<b>Periodontic Services*</b>	N/A	50%	80%
<b>Simple and Complex Oral Surgery*</b>	N/A	50%	80%
<b>Implants*</b>	N/A	50%	50%
<b>Inlays, Onlays, Crowns and Crown Repair*</b>	N/A	50%	50%
<b>Prosthetic Services, including Bridges &amp; Dentures*</b>	N/A	50%	50%
<b>Orthodontics Optional*</b> Available to all members ages 8 to 19	N/A	50% \$1,000 Lifetime max	50% \$1,000 Lifetime max

### Rates

Rates guaranteed for 12 months after issue.

	Plan 1		Plan 2		Plan 3	
	Without Ortho	With Ortho	Without Ortho	With Ortho	Without Ortho	With Ortho
<b>Employee</b>	\$20.85	N/A	\$31.43	\$31.43	\$37.69	\$37.69
<b>Employee + Spouse</b>	\$39.54	N/A	\$60.10	\$60.10	\$72.17	\$72.17
<b>Employee + Child(ren)</b>	\$57.49	N/A	\$73.91	\$80.87	\$88.06	\$95.03
<b>Family - Employee, Spouse, child(ren)</b>	\$87.59	N/A	\$115.66	\$124.57	\$137.31	\$146.22

\* 12 month waiting period applies to: endodontic, periodontic, oral surgery, implants, inlays, onlays, crowns, crown repair, prosthetic services and orthodontic services.

- No waiting period for diagnostic, preventive and basic restorative services.
- Waiting periods may be waived with prior, comparable dental insurance coverage. Some restrictions apply.
- Diagnostic and preventive services do apply to the annual maximum.
- 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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