Delta Dental of Minnesota
DeltaVision®

2026 Business Plans

2 - 199 Enrolled Employees

Delta Dental PPO Plus Premier™

Evolution Plans

Delta Dental of Minnesota

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 4.4 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.

NEW! *Delta Dental of Minnesota Evolution plans*

Evolution 1000 | Evolution 1500 | Evolution 2000

We have flexibility and value, built for growing businesses.

Our three Evolution Plans are now available to employer groups with up to 199 enrolled employees. This expanded eligibility makes it easier than ever for employers to provide immediate access to high-quality benefits, helping attract and retain top talent while simplifying the enrollment process.

Robust network savings

The best savings come from seeing an in-network provider. With Evolution, employees enjoy equal benefits across Delta Dental networks and out of network.

2-199 Enrolled employees

Evolution plans offer an expanded subscriber range from 2-199 enrolled as compared to eligible.

No waiting periods

Enjoy immediate access to great benefits with no waiting periods across all three plans.

Dental Evolution

Delta Dental PPO Plus Premier™

Evolution 1000

Annual Max: $1,000
Annual Deductible: $50 / $150
Optional child orthodontics: No

Delta Dental PPO Plus Premier™

Evolution 1500

Annual Max: $1,500
Annual Deductible: $50 / $150
Optional child orthodontics: Yes

Delta Dental PPO Plus Premier™

Evolution 2000

Annual Max: $2,000
Annual Deductible: $50 / $150
Optional child orthodontics: No

Build your business
The benefit of benefits

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]

Dental coverage is more than just a way to attract and retain employees.
Better benefits are a business builder.

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 168,000 businesses rely on Delta Dental to protect their employees' oral health, and over 90 million enrollees trust their smiles to Delta Dental.[3]

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

Network savings: Our network savings 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.

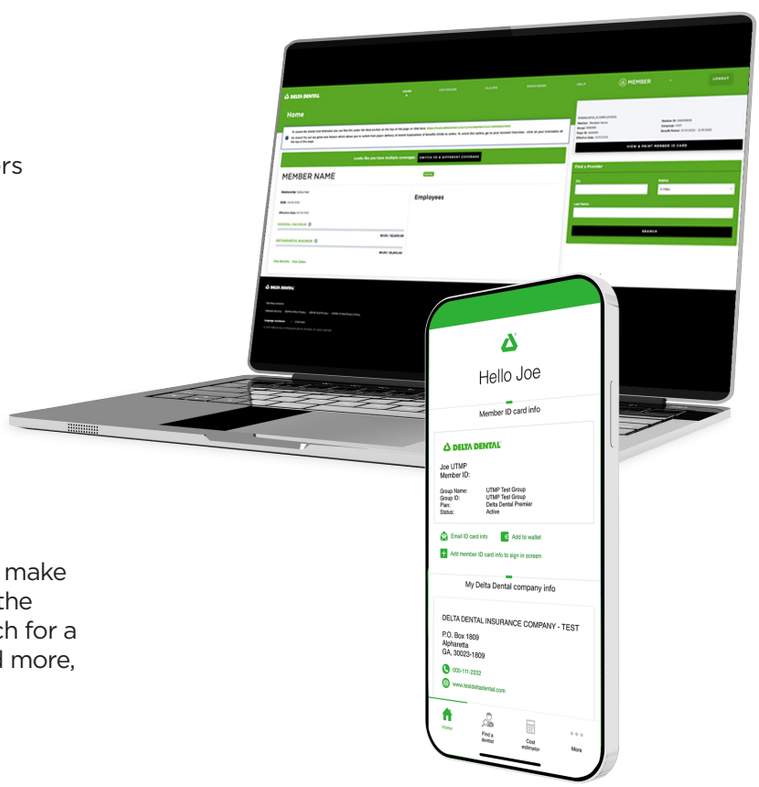
Dental Expertise: We focus on the connection between oral health and overall health. The Power of Smile™ Blog and oral health resources written by our team of in-house clinicians and experienced service teams provide resources for brokers, employers and members.

Digital Tools
Simplified benefits management

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.

Available on the App Store | GET IT ON Google Play

[1] "Hours Lost to Planned and Unplanned Dental Visits Among US Adults": Centers of Disease Control and Prevention, 2018
[2] "Oral Health is Connected to Overall Health": Delta Dental of Minnesota, 2025
[3] "The Delta Dental System": Delta Dental Plans Association, 2024

Compare and Quote
Broker Rate Calculator

Getting a quote for a small business with 2-199 enrolled employees is easy!
Find the right Evolution plan to fit their needs.

2026 Delta Dental of Minnesota Small Business Plans Overview

2-199 Enrolled employees | Delta Dental PPO Plus Premier™

	Evolution 1000	Evolution 1500	Evolution 2000
Annual Max Per person / per calendar year	$1,000	$1,500	$2,000
Employees Only	$45.21	$56.19	$59.12
Employees + Spouse	$90.43	$112.37	$118.23
Employees + Child(ren)	$108.51	$157.10	$141.88
Family	$162.77	$224.52	$212.82
Deductible			
Annual Deductible: $50/$150	•	•	•
Unique Features			
Preventive Care Diagnostic & preventive services do not apply to annual max	•	•	•
2 Cleanings Per Year	•	•	•
Child Orthodontic Care		•	
Posterior Composite Fillings (White)	•	•	•
Endodontic / Periodontic (80%)	•	•	•
No Waiting Periods	•	•	•
Missing Tooth Clause			
Implant Coverage	•	•	•
12 Month Contract	•	•	•

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

DELTAVISION®

Boost your benefits by adding DeltaVision®!

We've expanded our DeltaVision® lineup to offer more plans with exams while keeping the same great plans within sight.

3 out of 4
Adults use some form of vision correction.[1]

2.2 Billion
People have a near or distance vision impairment.[2]

Allow us to do even more for your health.
Give your business the winning edge with DeltaVision®. By offering both dental and vision, you can enjoy the ease and simplicity of one administrator for more complete benefits.

Find the right plan to meet your employees' unique needs:
Choose between plans with or without exams, a $150 or $200 frame allowance, and a 12 or 24-month frame frequency. Plus, all plan offerings include extra savings on materials!

DeltaVision® 150

Exam Copay:	$10
Lens Copay:	**$10**
Frame Frequency:	12 months
Frame Allowance:	**$150**
Contact Allowance:	$150

DeltaVision® 200

Exam Copay:	$10
Lens Copay:	**$10**
Frame Frequency:	12 months
Frame Allowance:	**$200**
Contact Allowance:	$200

DeltaVision® 200

Exam Copay:	$10
Lens Copay:	**$25**
Frame Frequency:	24 months
Frame Allowance:	**$200**
Contact Allowance:	$200

[1] "The Vision Council Releases Consumer inSights 01 2022 Report": Vision Monday; visionmonday.com.
[2] "Blindness and vision impairment": World Health Organization: who.int: August 10, 2023.

2026 Delta Dental of Minnesota Employer Dental Plans

Delta Dental PPO Plus Premier™

Evolution ***1000***

2-199 Enrolled employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	$1,000
Annual Deductible - Per person / family	$50 / $150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier / OON
Diagnostic and Preventive Services No Waiting Period	**Oral evaluations** Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%
	Cleanings 2 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 No Waiting Period	**Simple Oral Surgery** Simple extraction of erupted tooth or exposed root	80%
Complex Oral Surgery No Waiting Period	**Complex Oral Surgery** Surgical removal of erupted tooth, impacted tooth & tooth roots	50%
Endodontic & Periodontic Services No Waiting Period	**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 No Waiting Period	**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%

Evolution ***1000 Rates***

Employee	**$45.21**
Employee + Spouse	**$90.43**
Employee + Child(ren)	**$108.51**
Family	**$162.77**

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

Guidelines for Evolution 1000

- A minimum of two employees must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network savings. 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.

Quote now
Broker Rate Calculator

2026 Delta Dental of Minnesota Employer Dental Plans

Delta Dental PPO Plus Premier™

Evolution ***1500***

2-199 Enrolled employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	$1,500
Annual Deductible - Per person / family	$50 / $150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier / OON
Diagnostic and Preventive Services No Waiting Period	**Oral evaluations** Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%
	Cleanings 2 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 No Waiting Period	**Simple Oral Surgery** Simple extraction of erupted tooth or exposed root	80%
Complex Oral Surgery No Waiting Period	**Complex Oral Surgery** Surgical removal of erupted tooth, impacted tooth & tooth roots	50%
Endodontic & Periodontic Services No Waiting Period	**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 No Waiting Period	**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%
Child Orthodontic Coverage No Waiting Period	**Lifetime maximum**	$1,500
	Orthodontic coverage for ages 8 to 19	50%

Evolution ***1500 Rates***

Employee	**$56.19**
Employee + Spouse	**$112.37**
Employee + Child(ren)	**$157.10**
Family	**$224.52**

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

Guidelines for Evolution 1500

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network savings. 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.

Quote now
Broker Rate Calculator

2026 Delta Dental of Minnesota Employer Dental Plans

Delta Dental PPO Plus Premier™

Evolution ***2000***

2-199 Enrolled employees

Plan Benefit Highlights

Annual Maximum - Per person / per calendar year	$2,000
Annual Deductible - Per person / family	$50 / $150
Contract length	12 Months
Waiting Periods	No

Service	Description	PPO / Premier / OON
Diagnostic and Preventive Services No Waiting Period	**Oral evaluations** Oral evaluations, X-rays, fluoride treatments, sealants, space maintainers	100%
	Cleanings 2 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 No Waiting Period	**Simple Oral Surgery** Simple extraction of erupted tooth or exposed root	80%
Complex Oral Surgery No Waiting Period	**Complex Oral Surgery** Surgical removal of erupted tooth, impacted tooth & tooth roots	50%
Endodontic & Periodontic Services No Waiting Period	**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 No Waiting Period	**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%

Evolution ***2000 Rates***

Employee	**$59.12**
Employee + Spouse	**$118.23**
Employee + Child(ren)	**$141.88**
Family	**$212.82**

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

Guidelines for Evolution 2000

- A minimum of two subscribers must enroll.
- Deductible does not apply to diagnostic and preventive services where applicable.
- Claims received from dentists outside the Delta Dental network are not eligible for network v. 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.

Quote now
Broker Rate Calculator

2026 Minnesota DeltaVision® Small Business Plans

DeltaVision® 150

$10 Exam copay | $10 Lens copay | 12 Month frame frequency

2-199 Enrolled employees | Minnesota headquartered employers | Insight network

DeltaVision® small business plans with 2-199 enrolled employees are available in Minnesota when purchased with a Delta Dental of Minnesota Small Business Evolution dental plan.

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Examinations	Once every 12 months	
	Frames	Once every 12 months	
	Lenses or contact lenses	Once every 12 months	
Exams	Exam with dilation as necessary	$10	Up to $45
	Retinal imaging benefit	Up to $39	Not covered
	Standard contact lens fit and follow-up	Up to $40	Not covered
	Premium contact lens fit and follow-up	10% off retail price	Not covered
Frames	Any available frame at provider location	$150 allowance, 20% savings off remaining balance	Up to $50
Standard Plastic Lenses	Single vision	$10	Up to $30
	Bifocal	$10	Up to $50
	Trifocal	$10	Up to $70
	Lenticular	$10	Up to $70
	Standard progressive lens	$75	Up to $50
	Premium progressive* tier 1	$95	Up to $50
	Premium progressive* tier 2	$105	Up to $50
	Premium progressive* tier 3	$120	Up to $50
	Premium progressive* tier 4	$75, 20% off retail price less $120 allowance	Up to $50
Lens Options	UV treatment	$15	Not covered
	Tint (solid or gradient)	$15	Not covered
	Standard plastic scratch coating	$0	Up to $12
	Standard polycarbonate - adults	$40	Not covered
	Standard polycarbonate - kids under 19	$0	Up to $32
	Polarized	20% off retail price	Not covered
	Photochromatic / transitions plastic	$75	Not covered
	Standard anti-reflective coating	$45	Not covered
	Premium anti-reflective tier 1	$57	Not covered
	Premium anti-reflective tier 2	$68	Not covered
	Premium anti-reflective tier 3	80% of charge	Not covered
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	$150 allowance, 15% savings off remaining balance	Up to $130
	Disposable	$150 allowance	Up to $130
	Medically necessary	$0, paid-in-full	Up to $210
Laser Vision Correction	Laser vision correction, Lasik or PRK *Vision correction utilizes U.S. Laser Network*	15% off retail price or 5% off promotional price	Not covered

Minnesota DeltaVision® 150 Plan rates when purchased with Delta Dental of Minnesota Evolution Dental Plan	
Subscriber	**$6.77**
Subscriber + Spouse	**$13.54**
Subscriber + Child(ren)	**$16.25**
Family	**$24.37**

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions.
** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

Small Business Vision Guidelines:

- 2-199 enrolled employees when purchased with a Delta Dental Evolution Plan.
- A minimum of 2 employees must enroll.
- When combining DeltaVision® with a Delta Dental policy, you will automatically receive the lowest DeltaVision® rates.
- Annual Open Enrollment, if an employee drops coverage, the employee and any covered dependents will not be allowed to re-enroll in the plan until the next enrollment period for a period of 24 months from the date coverage was dropped.
- 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 DeltaVision® Summary Plan Description.

Quote now
Broker Rate Calculator

2026 Minnesota DeltaVision® Small Business Plans

DeltaVision® 200

$10 Exam copay | $10 Lens copay | 12 Month frame frequency

2-199 Enrolled employees | Minnesota headquartered employers | Insight network

DeltaVision® small business plans with 2-199 enrolled employees are available in Minnesota when purchased with a Delta Dental of Minnesota Small Business Evolution dental plan.

Services		In-Network Member Cost	Out-of-Network Reimbursement
Frequency	Examinations	Once every 12 months	
	Frames	Once every 12 months	
	Lenses or contact lenses	Once every 12 months	
Exams	Exam with dilation as necessary	$10	Up to $45
	Retinal imaging benefit	Up to $39	Not covered
	Standard contact lens fit and follow-up	Up to $40	Not covered
	Premium contact lens fit and follow-up	10% off retail price	Not covered
Frames	Any available frame at provider location	$200 allowance, 20% savings off remaining balance	Up to $50
Standard Plastic Lenses	Single vision	$10	Up to $30
	Bifocal	$10	Up to $50
	Trifocal	$10	Up to $70
	Lenticular	$10	Up to $70
	Standard progressive lens	$75	Up to $50
	Premium progressive* tier 1	$95	Up to $50
	Premium progressive* tier 2	$105	Up to $50
	Premium progressive* tier 3	$120	Up to $50
	Premium progressive* tier 4	$75, 20% off retail price less $120 allowance	Up to $50
Lens Options	UV treatment	$15	Not covered
	Tint (solid or gradient)	$15	Not covered
	Standard plastic scratch coating	$0	Up to $12
	Standard polycarbonate - adults	$40	Not covered
	Standard polycarbonate - kids under 19	$0	Up to $32
	Polarized	20% off retail price	Not covered
	Photochromatic / transitions plastic	$75	Not covered
	Standard anti-reflective coating	$45	Not covered
	Premium anti-reflective tier 1	$57	Not covered
	Premium anti-reflective tier 2	$68	Not covered
	Premium anti-reflective tier 3	80% of charge	Not covered
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	$200 allowance, 15% savings off remaining balance	Up to $130
	Disposable	$200 allowance	Up to $130
	Medically necessary	$0, paid-in-full	Up to $210
Laser Vision Correction	Laser vision correction, Lasik or PRK *Vision correction utilizes U.S. Laser Network*	15% off retail price or 5% off promotional price	Not covered

Minnesota DeltaVision® 200 Plan rates when purchased with Delta Dental of Minnesota Evolution Dental Plan	
Subscriber	**$7.69**
Subscriber + Spouse	**$15.39**
Subscriber + Child(ren)	**$18.47**
Family	**$27.69**

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions.
** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

Small Business Vision Guidelines:

- 2-199 enrolled employees when purchased with a Delta Dental Evolution Plan.
- A minimum of 2 employees must enroll.
- When combining DeltaVision® with a Delta Dental policy, you will automatically receive the lowest DeltaVision® rates.
- Annual Open Enrollment, if an employee drops coverage, the employee and any covered dependents will not be allowed to re-enroll in the plan until the next enrollment period for a period of 24 months from the date coverage was dropped.
- 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 DeltaVision® Summary Plan Description.

Quote now
Broker Rate Calculator

2026 Minnesota DeltaVision® Small Business Plans

DeltaVision® 200

$10 Exam copay | $25 Lens copay | 24 Month frame frequency

2-199 Enrolled employees | Minnesota headquartered employers | Insight network

DeltaVision® small business plans with 2-199 enrolled employees are available in Minnesota when purchased with a Delta Dental of Minnesota Small Business Evolution dental plan.

Services		In-Network	Out-of-Network Reimbursement
Frequency	Examination	Once every 12 months	
	Frames	Once every 24 months	
	Lenses or contact lenses	Once every 12 months	
Exams	Exam with dilation as necessary	$10	Up to $45
	Retinal imaging benefit	Up to $39	Not covered
	Standard contact lens fit and follow-up	Up to $40	Not covered
	Premium contact lens fit and follow-up	10% off retail price	Not covered
Frames	Any available frame at provider location	$200 allowance, 20% savings off remaining balance	Up to $50
Standard Plastic Lenses	Single vision	$25	Up to $30
	Bifocal	$25	Up to $50
	Trifocal	$25	Up to $70
	Lenticular	$25	Up to $70
	Standard progressive lens	$90	Up to $50
	Premium progressive* tier 1	$110	Up to $50
	Premium progressive* tier 2	$120	Up to $50
	Premium progressive* tier 3	$135	Up to $50
	Premium progressive* tier 4	$90, 20% off retail price less $120 allowance	Up to $50
Lens Options	UV treatment	$15	Not covered
	Tint (solid or gradient)	$15	Not covered
	Standard plastic scratch coating	$0	Up to $12
	Standard polycarbonate - adults	$40	Not covered
	Standard polycarbonate - kids under 19	$0	Up to $32
	Polarized	20% off retail price	Not covered
	Photochromatic / transitions plastic	$75	Not covered
	Standard anti-reflective coating	$45	Not covered
	Premium anti-reflective tier 1	$57	Not covered
	Premium anti-reflective tier 2	$68	Not covered
	Premium anti-reflective tier 3	80% of charge	Not covered
	All other lens options	20% off retail price	Not covered
Contact Lenses **	Conventional	$200 allowance, 15% savings off remaining balance	Up to $130
	Disposable	$200 allowance	Up to $130
	Medically necessary	$0, paid-in-full	Up to $210
Laser Vision Correction	Laser vision correction, Lasik or PRK *Vision correction utilizes U.S. Laser Network*	15% off retail price or 5% off promotional price	Not covered

Minnesota DeltaVision® 200 Plan rates when purchased with Delta Dental of Minnesota Evolution Dental Plan	
Subscriber	**$6.52**
Subscriber + Spouse	**$13.04**
Subscriber + Child(ren)	**$15.65**
Family	**$23.47**

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions.
** Contact lens allowance includes materials only. Any remaining balance for contact lenses may be used within the same benefit frequency.

Small Business Vision Guidelines:

- 2-199 enrolled employees when purchased with a Delta Dental Evolution Plan.
- A minimum of 2 employees must enroll.
- When combining DeltaVision® with a Delta Dental policy, you will automatically receive the lowest DeltaVision® rates.
- Annual Open Enrollment, if an employee drops coverage, the employee and any covered dependents will not be allowed to re-enroll in the plan until the next enrollment period for a period of 24 months from the date coverage was dropped.
- 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 DeltaVision® Summary Plan Description.

Quote now
Broker Rate Calculator

DENTAL® VISION®

Contact Us or Visit Us Online

DeltaDentalMN.org **DeltaDentalMN.org/DeltaVision**

Evolution Plans, Small Business Dental and Vision Sales:

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

1-800-906-5250

DeltaDentalMN.org/agents

Deltadentalconnect@deltadentalmn.org

Individual and Family Dental and Vision Plans:

- Plan descriptions
- Sales & enrollment assistance

1-866-764-5350

DeltaDentalMN.org/shop

Sales@deltadentalmn.org

Large Client Dental and Vision Sales:

- Large client individually rated proposals
- Proposals and sales assistance

Contact Your Sales or Account Representative

Employer Services:

Additional Resources - Enrollment and Billing

- Employees 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®

Delta Dental of Minnesota

DELTAVISION®

DDMN.10.6.25