













Voluntary Buy-Up Rates:






07/01/2026 to 06/30/2027 Per Pay – 26 pays

				
Enrollee Only \$4.56	Enrollee & Spouse \$22.02	Enrollee & 1 Child \$17.35	Enrollee & Children \$35.14	Enrollee & Family \$47.74

07/01/2026 to 06/30/2027 Per Pay – 22 pays

				
Enrollee Only \$5.39	Enrollee & Spouse \$26.03	Enrollee & 1 Child \$20.51	Enrollee & Children \$41.53	Enrollee & Family \$56.42

07/01/2026 to 06/30/2027 Per Pay – 23 pays

				
Enrollee Only \$5.15	Enrollee & Spouse \$24.90	Enrollee & 1 Child \$19.62	Enrollee & Children \$39.73	Enrollee & Family \$53.97



Coinsurances	*PPO Network	*Premier Network	*Non-Delta Dental
Diagnostic and preventive services² Exams, X-Rays, Prophylaxis, Fluoride, Space Maintainers	*100%	*100%	*100%
Basic services Minor Restorative, Endodontics, Periodontics Surgical, Periodontics Non-Surgical, Periodontal Maintenance , Extractions, Surgical Extractions, Other Oral Surgery , Palliative Treatment, IV sedation & Anesthesia, Consultation	*100%	*100%	*100%
Major services Stainless Steel Crowns, Denture Repair/Reline/Rebase , Major Restorative, Prosthodontics Removable, Prosthodontics Fixed	*85%	*85%	*85%
Orthodontic services¹ Dependent children	*60%	*60%	*60%
Additional services Sealants, Implants Surgical, Implants Non-Surgical, Temporomandibular joint dysfunction (TMJ)	Not Covered	Not Covered	Not Covered

Deductibles	PPO Network	Premier Network	Non-Delta Dental
Annual deductible Per individual per calendar year	\$0	\$0	\$0
Orthodontic deductible Per individual per lifetime	\$0	\$0	\$0

Maximums	PPO Network	Premier Network	Non-Delta Dental
Annual maximum Per individual per calendar year	\$2,000	\$2,000	\$2,000
Orthodontic maximum Per individual per lifetime	\$2,000	\$2,000	\$2,000

*Reimbursement is based on the PPO contracted fees for PPO dentists, the Premier contracted fees for Premier dentists and the Premier contracted fees for non-Delta Dental dentists.

¹ Annual deductible is waived for orthodontic services.

² Annual maximum is waived for diagnostic & preventive services.



Eligibility

Eligible employees may enroll on the first day of the month following completion of the employer's required eligibility period. Eligible employees who decline dental coverage may elect to enroll at the next open enrollment. The same requirements also apply for dependent coverage. Primary enrollees electing dependent coverage must enroll all eligible dependents in the dental program. Eligibility for employees and dependents is subject to all state laws or regulatory requirements. Enrollees eligible for optional continuation of group benefits under the Consolidated Omnibus Reconciliation Act of 1986 (COBRA) may continue coverage as allowed by law.

Limitations and Exclusions

The proposed plan designs are based on the current limitations and exclusions, processing policies, and contract specifications.

Deductibles and Maximums

Deductible and maximum amounts for in network and out-of-network are inclusive of each other and not in addition to.

Single Dental Carrier

It is assumed that Delta Dental is to be the only dental carrier and that all primary enrollees (and their dependent enrollees) will be covered under our plan(s).

Missing Teeth

Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

Posterior Composites

Posterior Composites paid at the Amalgam Benefits.

Takeover

Takeover of ortho maximums is included.