## **DENTAL**

You have three <u>dental plan</u> options through Delta Dental. All plans use the same PPO and Premier networks.

	Preventive Only	Option 1	Option 2
Best For	Basic coverage at no cost; covers cleanings and checkups	Full coverage, including restorative work, with in- and out-of-network providers	Preventive and basic care, in-network dentists only
Annual Benefit Maximum	\$500 per person	\$1,600 per person	\$1,000 per person
Annual Deductible	No deductible	\$40 per person \$90 for family	\$25 per person \$75 for family
Preventive Services (i.e., exam, cleaning, x-rays)	100% (no deductible)	100% (no deductible)	100% (no deductible)
Minor Restorative Services (i.e., fillings, simple extraction)	N/A	80%	50%
Major Restorative Services (e.g., crowns)	N/A	50%	25%
Orthodontic Services (Dependent children under 19 years only)	N/A	60%	N/A

## **2026 ANNUAL PREMIUMS**

	Preventive Only	Option 1	Option 2
Employee Only	\$0	\$369.24	\$139.32
Employee & Children	\$0	\$935.16	\$339.72
Employee & Spouse	\$0	\$750.12	\$284.28
Employee & Family	\$0	\$1,418.64	\$525.96



Visit <u>deltadental.com</u> or call 800-524-0149 to find a provider.

