

**2026 DELTA DENTAL MONTHLY AND PER PAY PREMIUMS**

	<b>DELTA DENTAL PLAN L</b>	<b>PLAN L PER PAY</b>	<b>DELTA DENTAL PLAN H</b>	<b>PLAN H PER PAY</b>
<b><u>EMPLOYEE</u></b>	\$29.00	<b>\$14.50</b>	\$35.87	<b>\$17.94</b>
<b><u>EMPLOYEE + ONE</u></b>	\$55.73	<b>\$27.87</b>	\$70.09	<b>\$35.05</b>
<b><u>FAMILY</u></b>	\$108.22	<b>\$54.11</b>	\$139.61	<b>\$69.81</b>
<b>CALENDAR YEAR MAX</b>	\$1,000.00		\$1,500.00	
<b>DEDUCTIBLE SINGLE/FAMILY</b>	\$50/\$150		\$50/\$150	
<b>PREVENTIVE</b>	100%		100%	
<b>BASIC</b>	80%		90%	
<b>MAJOR</b>	50%		60%	
<b>ORTHODONTIA</b>	\$0.00		50%	
<b>ORTH LIFETIME MAX</b>	\$0.00		\$1,000.00	

Maximum payment \$1000.00 per person total per calendar year on Diagnostics & Preventative, Basic Services and Major Services.

Deductible: PPO Dentist \$50.00 per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy.

Premier and Nonparticipating Dentist: \$75.00 deductible per person total per calendar year limited to a maximum deductible of \$225.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy.

Maximum payment \$1500.00 per person total per calendar year on Diagnostics & Preventative, Basic Services and Major Services. \$1000.00 per person total per lifetime on Orthodontics.

Deductible: PPO Dentist \$50.00 per person total per calendar year limited to a maximum deductible of \$150.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy and orthodontic services.

Premier and Nonparticipating Dentist: \$75.00 deductible per person total per calendar year limited to a maximum deductible of \$225.00 per family per calendar year on all services except diagnostic and preventative services, emergency palliative treatment, and brush biopsy and orthodontic services.

## DELTA DENTAL PLAN COMPARISON PLANS L and H - 2026

This document is only intended to provide a brief description of your benefits.

<b>DELTA DENTAL</b>	PLAN L - PPO DENTIST	PLAN L - PREMIER DENTIST	NON- PARTICIPATING DENTIST	PLAN H - PPO DENTIST	PLAN H - PREMIER DENTIST	NON- PARTICIPATING DENTIST
<b>DIAGNOSTIC and PREVENTATIVE</b>	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays	Plan Pays
<b>Diagnostic and Preventative Services:</b> exams, cleanings, and fluoride	100%	100%	80%	100%	100%	80%
<b>Emergency Palliative Treatment:</b> to temporarily relieve pain	100%	100%	80%	100%	100%	80%
<b>Brush Biopsy:</b> to detect oral cancer	100%	100%	80%	100%	100%	80%
<b>BASIC SERVICES</b>						
<b>Space maintainers:</b> appliances to prevent tooth movement	80%	80%	80%	90%	90%	80%
<b>Sealants:</b> to prevent decay of permanent teeth	80%	80%	80%	90%	90%	80%
<b>Radiographs:</b> X-rays	80%	80%	80%	90%	90%	80%
<b>Minor Restorative Services:</b> fillings , and crown repair	80%	80%	80%	90%	90%	80%
<b>Other Basic Services:</b> miscellaneous services	80%	80%	80%	90%	90%	80%
<b>MAJOR SERVICES</b>						
<b>Endodontic Services:</b> root canals	50%	50%	50%	60%	60%	50%
<b>Periodontic Services:</b> to treat gum disease	50%	50%	50%	60%	60%	50%
<b>Oral Surgery Services:</b> extractions and dental surgery	50%	50%	50%	60%	60%	50%
<b>Major Restorative Services:</b> crowns ,inlays , and onlays	50%	50%	50%	60%	60%	50%
<b>Relines and Repairs:</b> to bridges, dentures and implants	50%	50%	50%	60%	60%	50%
<b>Prosthetic Services:</b> bridges , dentures , and implants	50%	50%	50%	60%	60%	50%
<b>Orthodontic Services - braces</b>				50%	50%	50%
<b>Orthodontic Age Limit</b>				UP TO AGE 19		