

DELTA DENTAL PPO PLANS

Benefit Summary and 2026-2027 Monthly Rates

Services	In-Network		Out-of-Network
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
Annual Deductible	No deductible	\$25 per member \$75 per family	\$25 per member \$75 per family
Annual Maximum	Plan maximum selected by district	Limited to \$1,000 regardless of plan maximum	Limited to \$1,000 regardless of plan maximum
Basis of Payment	Participating Fee Allowance	Participating Fee Allowance	Plan Allowance
Diagnostic and Preventive Exams, X-rays, Cleanings	100%	50%	50%
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	50%	50%
Crowns Crowns, Jackets and Cast Restorations	100%	50%	50%
Prosthodontics Dentures, Bridges, and Implants**	50%	50%	50%

ORTHODONTIC BENEFITS (NON-VOLUNTARY) FOR ALL DELTA DENTAL PLANS—100% DISTRICT-PAID PARTICIPATION

Maximum* = **\$2000**

Pro-rated orthodontia payments are not made after the coverage termination date. Delta pays 50% when patient is banded and 50% 12 months later. If member terminates coverage before 12 months of initial banding, no further payments will be made.

Dental benefit includes two cleanings per calendar year.