



2026-27 Dental Pool Rates
PPO Plans

CRSIG/Delta Preferred Provider Option (PPO) Plan (UCR) Fee Concept CRSIG/Delta Preferred Provider Option, PPO	Co-Payments	
	PPO Network	Non PPO
Diagnostic & Preventive	100	60/40
Other Basic Services	100	60/40
Crowns & Cast Restoration	100	60/40
Dental Accident	100	60/40

\$1,000 Calendar Year Maximum		Single	Two Party	Family	Composite
	Active Employees and Dependents	\$43.00	\$75.89	\$108.04	\$81.58
	Retirees	\$44.71	\$87.13	\$105.18	N/A

\$2,000 Calendar Year Maximum		Single	Two Party	Family	Composite
	Active Employees and Dependents	\$45.70	\$80.62	\$113.55	\$89.15
	Retirees	\$47.62	\$91.19	\$110.14	N/A

Orthodontic Add-In Costs, 50/50 Co-Payment Applies
(These options may be added to the base plans above to determine enhanced plan rates)

\$2,000 Lifetime Maximum Children & Adult		Single	Two Party	Family	Composite
	Active Employees and Dependents	\$1.54	\$4.48	\$20.18	\$11.97
	Retirees	\$1.54	\$4.92	\$22.99	N/A

\$2,000 Lifetime Maximum Children Only		Single	Two Party	Family	Composite
	Active Employees and Dependents	N/A	\$1.71	\$17.23	\$9.37
	Retirees	N/A	\$1.95	\$19.78	N/A

\$500 Lifetime Maximum Children Only		Single	Two Party	Family	Composite
	Active Employees and Dependents	N/A	\$0.56	\$5.49	\$2.98
	Retirees	N/A	\$0.63	\$6.32	N/A