

**Plan Summary for Classified, Certificated, and Confidential Management  
Rates effective 10-1-2026**

**[www.deltadentalins.com](http://www.deltadentalins.com)**     **1-866-499-3001**

**Dental (Option 1)**

**Delta Dental Premier Incentive Plan Cost: \$124.00**

**Group # 7081-1034**

70% 1<sup>st</sup> year

80% 2<sup>nd</sup> year

90% 3<sup>rd</sup> year

100% 4<sup>th</sup> year

No annual plan maximum (unlimited)

**Dental (Option2)**

**\*\*\*\* Delta Dental PPO (DPO) Plan Cost: \$111.40**

**Group # 7081-1334**

Plan pays 100% for In-Network PPO (DPO) Dentist ONLY

Plan pays 50% for Out-of-Network PPO Dentist

Annual maximum \$3,000.00 per calendar year per person

Orthodontist coverage \$2,000.00 lifetime maximum per person

Please call Delta Dental with any questions

**Vision Services Plan [www.vsp.com](http://www.vsp.com)**

**1-800-877-7195**

**Vision Services Plan C (VSP) Cost: \$23.60**

**Group # 2217132A**

\$10.00 office co-pay

Exam and Lenses; and Frames every year

The plan renews every year January 1<sup>st</sup>

Please call VSP with any questions

**All Anthem Blue Cross PPO plans have Chiropractic Services**

**For Provider information call the number on the back of your Anthem ID card or  
access the mobile application called Anthem Sydney Digital ID card**

**\*\*\* The first page of the most current Federal Tax Return AND a copy of the marriage  
certificated are required for proof of spouse eligibility.  
Birth Certificate needed to add each dependent child.**

**Confirm plan coverage before receiving services**

D. Haney 3-26-2026