CAMBRIAN SCHOOL DISTRICT
2027 SIG Dental Rate Matrix

PLAN	GROUP #	DESCRIPTION	RATE	2025	2026	2027
Delta Dental **"Premium Plan"** $3,200/$3,000 Annual Max 3 Cleanings; ^Implants 60%, $6,000 cal/yr Max ^Child/Adult Ortho 100%, $5,000 lifetime Max	0710211216 0710211218 07102-11220	Active Employees COBRA Retirees	Single	$60.87	$60.87	$69.88
			Two-Party	$121.73	$121.73	$139.75
			Family	$205.79	$205.79	$236.25
Delta Dental **"High Plan"** $2,200/$2,000 Annual Max 2 Cleanings; Implants Not Covered; Child Ortho 100%, $2,000 Max	0710211201 0710211207 07102-11221	Active Employees COBRA Retirees	Single	$55.02	$55.02	$63.16
			Two-Party	$110.00	$110.00	$126.28
			Family	$185.99	$185.99	$213.52
Delta Dental **"Low Plan"** $1,200/$1,000 Annual Max 2 Cleanings; Implants Not Covered; Orthodontia Not Covered	0710211217 0710200219 07102-11222	Active Employees COBRA Retirees	Single	$47.39	$47.39	$54.40
			Two-Party	$94.78	$94.78	$108.81
			Family	$160.24	$160.24	$183.96

^Premium Plan benefit enhancements effective 2/1/2025: Implant benefit from 50% to 60% with a $6,000 calendar year maximum and Orthodontic benefit enhancements from $3,000 to $5,000 lifetime maximum

*COBRA rates do not include the 2% administration cost.

All member districts will hold open enrollment for the dental and vision in the fall of 2026 for January 1, 2027 and every three years thereafter.

***Disclaimer: The information described on this page is only intended to be a summary of your plan rates. If the information on this page conflicts in any way with the Group Contract Agreement, the contract provisions of the appropriate policy or plan document will prevail.*