

# DENTAL

**No benefit or premium changes effective 7/1/25.**

Healthy teeth and gums are important to your overall wellness. Learn about the Delta Dental plans available to help you maintain your oral health.

Deductibles, Maximums & Eligibility Services	Delta PPO / Delta Premier / Non Par
Individual Deductible/Family Deductible	\$25/\$75
Deductible applies to Check-Ups and Teeth Cleaning?	No
Benefit Period Maximum	\$1,000
Eligible children to age	26
Full-time (unmarried) students eligible to age	99
Does Individual Deductible apply to Orthodontics?	No
Orthodontic lifetime maximum	\$1,000
Orthodontics: Eligible children to age	19
Orthodontics: Full-time students eligible to age	19
Adult Orthodontics	No
Benefits	
Diagnostic& Preventative Services (Check-Ups and Teeth Cleaning) Dental Cleaning, Oral Evaluations, Fluoride Applications, X- Rays, Sealant Applications, Space Maintainers, Maintenance Therapy	0%
Routine and Restorative Services (Cavity Repair and Tooth Extractions) Emergency Treatment, General Anesthesia/Sedation, Restoration of Decayed or Fractured Teeth, Limited, Occlusal Adjustments, Routine Oral Surgery	20%
Root Canals (Endodontic Services) Apicoectomy, Direct PulpCap, Pulpotomy, Retrograde Fillings, Root Canal Therapy, Gum and Bone Diseases	20%
Gum and Bone Diseases (Periodontal Services) Conservative Procedures (Non-surgical), Complex Procedures (Surgical)	20%
High-Cost Restorations (Cast Restorations) Cast Restorations, Crowns, Inlays, Onlays, Post and Cores, Recementing Crowns/Inlays/Onlays	20%
Dentures and Bridges (Prosthetic Services) Bridges. Dentures, Repairsand Adjustments, Recementing of Bridges	20%
Straighter Teeth (Orthodontics)	20%
Additional Options Annual Maximum Carryover– To Go	Included

The percentage shown is the coinsurance amount that is the responsibility of the Covered Person.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Ortho benefits are for eligible children to age 19 Fluoride applications for children under age 19.

Sealant applications and Space Maintainers for children under age 15.

This dental plan includes the Annual Maximum Carryover – To Go for carryover of unused Benefit Period Maximum to the next benefit contract year.

# DENTAL AND VISION PREMIUMS

## Delta Dental – Employee Cost

Administrators & Certified

Plan	Employee Only	Employee + 1	Family
PPO	\$0	\$31.99	\$60.20

## Delta Dental - Employee Costs

All Others

Plan	Employee Only	Employee + 1	Family
PPO	\$34.39	\$66.38	\$94.59

## Delta Vision – Employee Costs

Plan	Employee Only	Employee + 1	Family
Enhanced	\$9.36	\$17.78	\$26.18

