

# Dental Benefits

Your dental coverage is provided through **Delta Dental**.

You may view your benefits, print an ID card and locate in-network dental providers by visiting [www.deltadentalins.com](http://www.deltadentalins.com) or call 1-800-521-2651.

## KEY FEATURES AND DETAILS

- Group 17951
- The High Plan has no waiting period for Basic Benefits, Major Benefits, Prosthodontics, and Orthodontics.
- **All enrollees will receive new ID cards for the 2026 plan year; new hires will receive cards upon enrollment.**

### IMPORTANT TO KNOW

#### Reimbursement schedule for your out-of-network benefits

Reimbursement is based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the program allowance for non-Delta Dental dentists.

	LOW PLAN	HIGH PLAN
IN-NETWORK		
<b>Calendar Year Deductible</b> Individual Family	\$50 \$150	\$50 \$150
<b>Diagnostic &amp; Preventive</b> Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered 80%	Covered 100%
<b>Major Services</b> Fillings, Oral Surgery Endodontics (Root Canals) Periodontics (Gum Treatment)	Covered 60% N/A N/A	Covered 80% Covered 80% Covered 80%
<b>Major Services</b> Inlays, onlays, crowns, cast restorations	N/A	Covered 50%
<b>Prosthodontics</b> Bridges, dentures, implants	N/A	Covered 50%
<b>Orthodontic Services</b>	N/A	Covered 50%
<b>Lifetime Orthodontia Max</b>	N/A	\$1,500
<b>Annual Benefit Maximum</b>	\$1,000	\$1,500
EMPLOYEE COST PER-PAY-PERIOD		
<b>Employee Only</b>	\$7.42	\$17.20
<b>Employee + Spouse</b>	\$12.86	\$29.81
<b>Employee + Child(ren)</b>	\$12.81	\$29.69
<b>Employee + Family</b>	\$19.83	\$45.91