

DENTAL PLAN PREMIUMS AND COVERAGE – 2026

YOUR PLAN OPTIONS		
	<i>per pay period</i>	<i>annual</i>
Employee	\$8.31 per pay or \$18.00 per month	\$216.00
Employee + 1	\$26.77 per pay or \$58.00 per month	\$696.02
Family	\$43.85 per pay or \$95.00 per month	\$1,140.10

YOUR COST			
	PPO network	Premier network	Nonnetwork providers
Deductible (calendar year) No deductible for diagnostic preventive services or orthodontics	\$0	\$50/person Up to \$150/family	\$50/person Up to \$150/family
Maximum plan pays Calendar year, per person	Unlimited	\$1,000	\$1,000
Diagnostic & preventive care Exams and cleanings, X-rays, fluoride treatments, space maintainers, sealants	0% Plan pays full cost	0% Plan pays full cost	0% except sealants Plan pays full cost Sealants: 20%
Basic services Emergency treatment for relief of pain, amalgam restorations (silver fillings) and composite resin restorations (white fillings) on anterior (front) teeth Composite resin restorations (white fillings) on posterior (back) teeth	20% 40%	20% 50%	20% 50%
Orthodontics per eligible child, up to age 19	50% Plan pays \$2,500 lifetime maximum	50% Plan pays \$1,000 lifetime maximum	50% Plan pays \$1,000 lifetime maximum
Endodontics, periodontics & oral surgery Root canal therapy on permanent teeth, pulpotomies on primary teeth for dependent children, surgical/nonsurgical periodontics, surgical/nonsurgical extractions, all other covered surgery	0%	10%	20%
Major restorative care (crowns); Prosthetics (dentures, implants) Crowns and crown repair; dentures and denture adjustments; bridges; standard implants	40% Implants: Plan pays \$500 lifetime maximum	50% Implants: Plan pays \$500 lifetime maximum	50% Implants: Plan pays \$500 lifetime maximum

