2027 Open Enrollment

Dental Plan Design for FOP

DELTA DENTAL®

	Preferred Network	In-Network	Out-of-Network
Network Name			
Individual Deductible	$0	$0	$0
Family Deductible	$0	$0	$0
Preventive Coinsurance (Exams, Cleanings, X-Rays, Flouride Treatments, Space Maintainers)	100% (deductible waived)	100% (deductible waived)	100% (deductible waived)
Basic Coinsurance (Fillings, Sealants, Root Canals, Repairs Periodontics, Extractions, Oral Surgery)	75% after deductible	75% after deductible	75% after deductible
Major Coinsurance (Crowns, Inlays, Bridges, Dentures, Implants)	75% after deductible	75% after deductible	75% after deductible
Annual Maximum	$1,500	$1,500	$1,500
Orthodontia Coinsurance (Children to age 19)	75%		
Orthodontia Lifetime Maximum (Children to age 19)	$2,500		



NOTE: This Benefits Summary provides a brief overview of your employer's benefit programs and is for informational purposes only. For exact terms, please review the employee handbook and the official carrier plan documents. If there is any conflict between this summary and those governing documents, the governing documents will control.

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