

DELTA DENTAL PPO PLANS

Benefit Summary and 2025–2026 Monthly Rates

Services	In-Network		Out-of-Network
Provider Network	PPO Dentists	Premier Network Dentists	Non-Delta Dentists
Annual Deductible	No deductible	\$25 per member \$75 per family	\$25 per member \$75 per family
Annual Maximum	Plan maximum selected by district	Limited to \$1,000 regardless of plan maximum	Limited to \$1,000 regardless of plan maximum
Basis of Payment	Participating Fee Allowance	Participating Fee Allowance	Plan Allowance
Diagnostic and Preventive Exams, X-rays, Cleanings	100%	50%	50%
Other Basic Services Oral Surgery, Fillings, Periodontic Procedures, Root Canals and Sealants	100%	50%	50%
Crowns Crowns, Jackets and Cast Restorations	100%	50%	50%
Prosthodontics Dentures, Bridges, and Implants**	50%	50%	50%

** The Unlimited Plan choice has an annual \$2,000 in-network maximum for dental implants. Out-of-network coverage on implants is limited to 50% up to \$1,000.

Annual Plan Maximum	\$1,500	\$2,000	\$3,000	Unlimited**
Rates for Active Employees Only				
Single	\$43.00	\$46.00	\$48.00	\$55.00
Two-party	\$89.00	\$95.00	\$99.00	\$113.00
Family	\$122.00	\$131.00	\$136.00	\$156.00
Composite	\$85.00	\$91.00	\$95.00	\$110.00
Rates for All Retirees				
Single	\$53.00	\$57.00	\$59.00	\$69.00
Two-party	\$106.00	\$114.00	\$118.00	\$138.00
Family	\$139.00	\$150.00	\$155.00	\$181.00

The PPO Plan can be offered as a dual choice with one of the Delta Dental PPO Incentive Plans. You may not have two PPO Plans or two PPO Incentive Plans.

Members may change from the PPO to the PPO Incentive Plan during Open Enrollment. If they make this change, their incentive level will start at 70% for the employee and all dependents.

PPO subscribers can use ANY Delta Specialist (i.e., orthodontist, periodontist, endodontist, oral surgeon).

The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, copays, coinsurance, etc.

Locate a provider at: www.deltadentalins.com

ORTHODONTIC BENEFITS (NON-VOLUNTARY) FOR ALL DELTA DENTAL PLANS—100% DISTRICT-PAID PARTICIPATION

2025–2026 Monthly Rates

Maximum*	\$500	\$1,000	\$1,500	\$2,000	\$3,000
Coverage for Dependent Children Only					
Single	N/A	N/A	N/A	N/A	N/A
Two-party	\$0.40	\$0.80	\$1.20	\$1.60	\$2.40
Family	\$3.80	\$7.60	\$11.40	\$15.20	\$22.80
Composite	\$3.50	\$7.00	\$10.50	\$14.00	\$21.00
Coverage for Adults and Dependent Children					
Single	\$0.40	\$0.80	\$1.20	\$1.60	\$2.40
Two-party	\$1.00	\$2.00	\$3.00	\$4.00	\$6.00
Family	\$4.80	\$9.60	\$14.40	\$19.20	\$28.80
Composite	\$4.10	\$8.20	\$12.30	\$16.40	\$24.60

* Coverage is 100% of the lifetime maximum per covered individual. Restrictions apply.

Third Cleaning Option	
Single	\$1.30
Two-party	\$2.60
Family	\$3.90
Composite	\$2.60

Prosthodontic Rider	PPO Plans	PPO Incentive Plans
Single	\$3.00	\$4.40
Two-party	\$5.50	\$8.80
Family	\$9.00	\$13.20
Composite	\$5.50	\$8.80

Dental benefit includes two cleanings per calendar year.

Districts can offer more by adding the third cleaning benefit or the prosthodontic rider listed above for an additional cost.

Rates for orthodontic, third cleaning option, and the prosthodontic rider apply to active employees and retirees. District retiree benefits must mirror active employee benefits.

Pro-rated orthodontia payments are not made after the coverage termination date. Delta pays 50% when patient is banded and 50% 12 months later. If member terminates coverage before 12 months of initial banding, no further payments will be made.

The group plan benefits must be communicated without modification to the members. The district may not partially pay, reimburse or otherwise reduce the member's responsibility for deductibles, co-pays, coinsurance, etc.