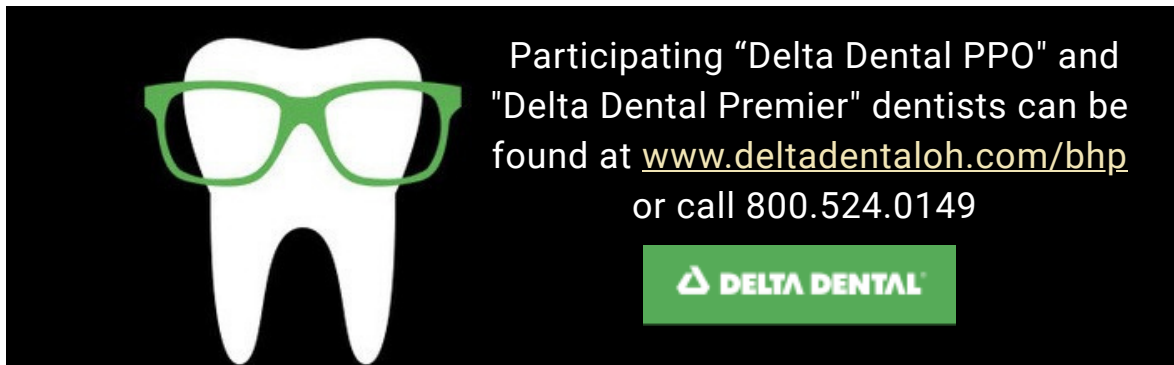


# Dental Plan Option



- You have access to two nationwide networks of participating dentists: Delta Dental PPO<sup>SM</sup> and Delta Dental Premier®. You may use both networks in all dental plan options.
- Your out-of-pocket costs will likely be lower if you use a Delta Dental PPO provider. Based on the fee schedule, it is generally lower than the maximum approved in the Delta Dental Premier networks. You are responsible for the deductible and coinsurance; no balance billing by your dentist for the Delta discount.
- If you choose to see a non-participating provider, your benefits remain the same. There is no penalty for using an out-of-network provider, but you may be balance billed for amounts in excess of usual and customary. Delta Dental will send you a check for covered services and you are responsible for paying the provider.

## Summary of Dental Plan Options

**Attention: Your ID Card is  
digital 1/1/2026**

|                                                                        | Basic                                                                  | Standard                          | Premium                           |
|------------------------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------|-----------------------------------|
| <b>Dental Networks</b><br><a href="#">Delta Dental Provider Search</a> | <b>Delta Dental PPO Network</b><br><b>Delta Dental Premier Network</b> |                                   |                                   |
| <b>Annual Deductible</b>                                               | \$75 /person<br>\$150 /family                                          | \$50 /person<br>\$100 /family     | \$25 /person<br>\$50 /family      |
| <b>Annual Maximum Benefit</b>                                          | \$1,000/person                                                         | \$1,500 /person                   | \$2,500 /person                   |
| <b>Lifetime Maximum Benefit<br/>Orthodontia</b>                        | Not Covered                                                            | \$1,500 /person                   | \$1,800 /person                   |
| <b>Preventative</b>                                                    | 80% Covered<br>Deductible Waived                                       | 100% covered<br>deductible waived | 100% covered<br>deductible waived |
| <b>Basic Care</b>                                                      | Covered at 80%                                                         | Covered at 80%                    | Covered at 80%                    |
| <b>Major Care</b>                                                      | Covered at 50%                                                         | Covered at 50%                    | Covered at 60%                    |
| <b>Orthodontia Care</b>                                                | Not Covered                                                            | Covered at 60%                    | Covered at 60%                    |
| <b>Adult Orthodontics</b>                                              | Not Covered                                                            | Yes                               | Yes                               |
| <b>Sealants</b>                                                        | Covered to age 16                                                      | Covered to age 16                 | Covered to age 16                 |