

2025 Dental Insurance

Single coverage as low as \$35.13*



2025 Delta Dental Insurance – PPO + Premier Network							
6 Dental Plans Available <i>All 6 plans offer:</i>		3 Contributory Plans <i>75% Participation Required</i>			3 Voluntary Plans <i>Minimum Participation of 1 employee</i>		
Coverage Category	Covered Services	Contributory Plan 1	Contributory Plan 2	Contributory Plan 3	Voluntary Option 1	Voluntary Option 2	Voluntary Option 3
Coverage A:	Diagnostics & Preventative <i>Evaluations, x-rays, oral cancer screenings, Routine cleanings, fluoride treatments, space maintainers, and sealants.</i>	100%	100%	100%	100%	100%	100%
Coverage B:	Basic Restorative <i>Composite fillings anterior & posterior, surgical & routine extractions, root canals, periodontal cleanings, treatment of gum disease, denture repair, emergency palliative treatment</i>	80%	50%	70%	80% after a 6-month waiting period**	80% after a 6-month waiting period**	80% after a 6-month waiting period**
Coverage C:	Major Restorative <i>Bridges, onlays, dentures, implants, crowns</i>	50% after a 6-month waiting period**	50% after a 6-month waiting period**	50% after a 6-month waiting period**	50% after a 12-month waiting period**	50% after a 12-month waiting period**	50% after a 12-month waiting period**
Coverage B and C combined deductible per person per family:		\$50/\$150 annually	\$50/\$150 annually	\$25/\$75 annually	\$100/\$300 lifetime	\$75/\$225 lifetime	\$75/\$225 lifetime
Coverage A-B_C combined maximum per person/calendar year:		\$1,500	\$1,500	\$2,000	\$1,000	\$1,500	\$2,000
Coverage D: Orthodontics	Orthodontics <i>Correction of malposed (crooked) teeth for adults and children to age 19</i>	Not covered	Not covered	Not covered	50% up to a lifetime maximum of \$1,000 per person after a 24-month waiting period**	Not covered	50% up to a lifetime maximum of \$1,500 per person after a 24-month waiting period**
Double-Up Maximum: <i>allows accumulation of up to \$250 additional annual benefits for use in future coverage periods</i>		Included			Included		
Monthly Rates*		Contributory Plan 1	Contributory Plan 2	Contributory Plan 3	Voluntary Option 1	Voluntary Option 2	Voluntary Option 3
Single		\$46.37	\$35.13	\$43.31	\$48.70	\$42.37	\$47.32
Two person		\$115.43	\$86.57	\$106.84	\$82.95	\$71.11	\$80.66
More Than 2		\$115.43	\$86.57	\$106.84	\$139.42	\$111.68	\$135.10

* Rates include MMTA EBP Admin Fee \$1.20 single/\$2.40 2 or more

** Waiting period waived for new groups with similar prior dental coverage