2026 Dental Insurance
Single coverage as low as $35.81*

DELTA DENTAL®

2026 Delta Dental Insurance – PPO + Premier Network

6 Dental Plans Available *All 6 plans offer:*		3 Contributory Plans *75% Participation Required*			3 Voluntary Plans *Minimum Participation of 1 employee*		
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*** *Evaluations, x-rays, oral cancer screenings, Routine cleanings, fluoride treatments, space maintainers, and sealants.*	100%	100%	100%	100%	100%	100%
Coverage B:	***Basic Restorative*** *Composite fillings anterior & posterior, surgical & routine extractions, root canals, periodontal cleanings, treatment of gum disease, denture repair, emergency palliative treatment*	80%	50%	70%	80% after a 6-month waiting period**	60% after a 6-month waiting period**	70% after a 6-month waiting period**
Coverage C:	***Major Restorative*** *Bridges, onlays, dentures, implants, crowns*	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*** *Correction of malposed (crooked) teeth for adults and children to age 19*	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: *allows accumulation of up to $250 additional annual benefits for use in future coverage periods*		Included			Included		

Monthly Rates*	Contributory Plan 1	Contributory Plan 2	Contributory Plan 3	Voluntary Option 1	Voluntary Option 2	Voluntary Option 3
Single	$47.27	$35.81	$44.15	$50.32	$43.77	$48.89
Two person	$117.69	$88.25	$108.93	$85.70	$73.45	$83.33
More Than 2	$117.69	$88.25	$108.93	$144.09	$115.41	$139.63

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

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