

2024 DENTAL Comparison Chart

DENTAL PLAN PREMIUMS (PER PAY PERIOD)

	DELTA DENTAL - PPO		DELTA CARE - HMO	
	Full-time	Part-time	Full-time	Part-time
Employee Only	\$2.45	\$2.94	\$0.98	\$1.18
Employee + Spouse	\$10.71	\$12.85	\$4.29	\$5.15
Employee + Child(ren)	\$10.88	\$13.04	\$4.36	\$5.24
Employee + Family	\$15.89	\$19.06	\$6.38	\$7.65

DENTAL CARE

PLAN FEATURE	DELTA DENTAL - PPO		DELTA CARE - HMO
	PPO In-Network	PPO Out-of-Network	
Choice of Dentist	Delta Dental PPO Dentists	Premier dentists and Non-Delta Dental Dentists	Delta Care HMO Dentists
Required selection of primary care dentist	No	No	Yes
Annual Deductible	\$25 Employee \$75 Family	\$50 Employee \$150 Family	\$0
Preventive	100%	70%	100%
Preventive X-Ray	100%	70%	100%
Basic	80%	60%	See Plan Details
Major	60%	50%	See Plan Details
Annual Maximum	\$1,500	\$1,500	No Annual Maximum
Orthodontia	50%, \$2,000 lifetime max	50%, \$2,000 lifetime max	\$950-\$1,900 co-pay*

*Pre- and post-treatment charges at additional cost