

Effective Date	7/1/2025		7/1/2025		7/1/2025	
Renewal Date	7/1/2026		7/1/2026		7/1/2026	
Carrier Name	Anthem Blue Cross		Delta Dental Insurance Company		Delta Dental Insurance Company	
Plan Name	PPO		PPO		PPO Incentive	
Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information						
Annual Deductible/Individual	\$0	\$0	\$0	\$25	\$0	\$0
Annual Deductible/Family	\$0	\$0	\$0	\$75	\$0	\$0
Waived for Preventive	Yes	Yes	Yes	Yes	Yes	Yes
Annual Plan Maximum	\$2,500 In/Out of Network Combined, separate \$500 lifetime maximum benefit for occlusal guard	\$2,500 In/Out of Network Combined, separate \$500 lifetime maximum benefit for occlusal guard	\$3,000 in/out of network combined; includes calendar year maximum rollover - separate \$500 lifetime maximum benefit for occlusal guard	\$1,000 in/out of network combined; includes calendar year maximum rollover - separate \$500 lifetime maximum benefit for occlusal guard	\$1,200 in/out of network combined - separate \$500 lifetime maximum benefit for occlusal guard	\$1,000 in/out of network combined - separate \$500 lifetime maximum benefit for occlusal guard
Lifetime Orthodontia Plan Maximum	Not covered	Not covered	\$2,500 in/out of network combined	\$2,500 in/out of network combined	\$2,750 in/out of network combined	\$2,750 in/out of network combined
Reasonable & Customary Percentile	100-90-60% of Negotiated Fee	100-80-50% of Reasonable & Customary	100% (50% for prosthodontic - bridges/dentures/partial)	50%	70-100% 70% first year of eligibility/increases 10% yearly provided member visits dentist annually	70-100% 70% first year of eligibility/increases 10% yearly provided member visits dentist annually
Waiting Period	N/A	N/A	0 months	0 months	0 months	0 months
Covered Services						
Diagnostic and Preventive Services						
Diagnostic and Preventive	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined

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Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Oral Exams	100% of Negotiated Fee 2/calendar year separated by 6 month period	100% of Reasonable & Customary 2/calendar year separated by 6 month period	100%	50%	70-100% 2/calendar year · in/out-of-network combined	70-100% 2/calendar year · in/out-of-network combined
Bitewing X-Rays	100% of Negotiated Fee once/cal yr adult;once/6 mo. child	100% of Reasonable & Customary once/cal yr adult;once/6 mo. child	100%	50%	70-100% 2/calendar year · in/out-of-network combined	70-100% 2/calendar year · in/out-of-network combined
Full Mouth X-Rays	100% of Negotiated Fee	100% of Reasonable & Customary	100% 1 every 3 years · in/out-of-network combined	50% 1 every 3 years · in/out-of-network combined	70-100% 1 every 3 years · in/out-of-network combined	70-100% 1 every 3 years · in/out-of-network combined
Cleaning and Scaling	100% Cleaning 90% Scaling (teeth whitening included, one treatment per 24 months)	100% Cleaning 80% Scaling (teeth whitening included, one treatment per 24 months)	100% (teeth whitening included, one treatment per 24 months)	50% (teeth whitening included, one treatment per 24 months)	70-100% 2/calendar year · in/out-of-network combined (teeth whitening included, one treatment per 24 months)	70-100% 2/calendar year · in/out-of-network combined (teeth whitening included, one treatment per 24 months)
Prophylaxis Treatments	100% of Negotiated Fee 3/calendar year	100% of Reasonable & Customary 3/calendar year	100%	50%	70-100% 2/calendar year · in/out-of-network combined	70-100% 2/calendar year · in/out-of-network combined
Fluoride Treatments	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100% 2/calendar year · in/out-of-network combined	70-100% 2/calendar year · in/out-of-network combined

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Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Space Maintainers	100% of Negotiated Fee	100% of Reasonable & Customary	100%	50%	70-100%	70-100%
Sealants	100% of Negotiated Fee Dependent Children Under 14	100% of Reasonable & Customary Dependent Children Under 14	100% dependent children under 14	50% dependent children under 14	70-100% dependent children under age 14	70-100% dependent children under age 14
Basic Services						
Basic	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100% 2/calendar year - in/out-of-network combined	70-100% 2/calendar year - in/out-of-network combined
Oral Surgery: Extractions and Other Surgical Procedures	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Restorative: Amalgam, Synthetic Porcelain and Plastic Restorations (Fillings)	90% of Negotiated Fee	80% of Reasonable & Customary	100%	50%	70-100%	70-100%
Endodontic Treatment	90% of Negotiated Fee once per tooth in 24 months	80% of Reasonable & Customary once per tooth in 24 months	100%	50%	70-100%	70-100%
Periodontic Treatment	90% of Negotiated Fee once per quadrant/36 months	80% of Reasonable & Customary once per quadrant/36 months	100%	50%	70-100%	70-100%
Re-linings and Re-basings of Existing Removable Dentures	90% of Negotiated Fees once/36 months	80% of Reasonable & Customary once/36 months	50%	50%	50%	50%

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	PPO		PPO		PPO Incentive	
	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Repair or Re-cementing of Crowns, Inlays, Onlays, Dentures or Bridgework	90% of Negotiated Fees	80% of Reasonable & Customary	100% bridges/dentures 50%	50%	70-100% crowns/inlays/onlay s bridges/dentures - 50%	70-100% crowns/inlays/onlay s bridges/dentures - 50%
Major Services						
Major	60% of Negotiated Fee	50% of Reasonable & Customary	50%	50%	50%	50%
Crowns, Jackets and Cast Restoration Benefits	60% of Negotiated Fee once/5 years	50% of Reasonable & Customary once/5 years	100%	50%	70-100% same tooth/once every 5 years - in/out-of-network combined	70-100% same tooth/once every 5 years - in/out-of-network combined
TMJ	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Prosthetic Benefits (Fixed Bridges, Partial / Complete Dentures)	60% of Negotiated Fee once/60 months	50% of Reasonable & Customary once/60 months	50%	50%	50%	50%
Implants	60% of Negotiated Fee once in 60 months;maintenance & repair/12 months	50% of Reasonable & Customary once in 60 months;maintenance & repair/12 months	50% \$1,500 calendar year maximum	50% \$1,500 calendar year maximum	50% \$1,500 calendar year maximum	50% \$1,500 calendar year maximum
Orthodontia Services						
Orthodontia	Not covered	Not covered	100%	100%	75%	75%
Dependent Children	Not covered	Not covered	Covered	Covered	Covered	Covered
Adults (and Covered Full-Time Students, if Eligible)	Not covered	Not covered	Covered	Covered	Covered	Covered
Monthly Composite Premium (Active Employees)	\$75.59		\$111.79		\$112.30	