

# FY26 DENTAL PLAN DESIGNS

(7/1/25 - 6/30/26)

Deductibles and Benefit Periods run calendar year (Jan. 1 - Dec. 31)

**Bolded benefits under Buy Up Plan are enhanced from the Basic Plan.**

(This flyer is not a complete list - see SPDs for complete summary, frequency, and limitations of services)

<div>(This flyer is not a complete list - see SPDs for complete summary, frequency, and limitations of services)</div>	Basic Plan		Buy-Up Plan	
Deductible: Single / Family	\$25 / \$75		\$25 / \$75	
Annual Benefit Max (total amount the insurance will pay per person/per year)	\$750		\$1,500.00	
	Coinsurance After Deductible			
Check-Ups and Teeth Cleaning (Diagnostic and Preventative Services)	100% covered; deductible waived		100% covered; deductible & annual max waived	
Dental Cleaning *(2x per benefit period)				
Oral Evaluation *(2x per benefit period)				
Fluoride Applications (1x every 6 consecutive months)				
X-rays (see SPD for details)				
Cavity Repair, Tooth Extractions (Routine and Restorative Services)	80% / 20%		80% / 20%	
Includes routine oral surgery				
Sealant Applications (children under age 15)	80% / 20%		100% covered; deductible & annual max waived	
Space Maintainers (children under age 14)				
Root Canals (Endodontic Services)	80% / 20%		80% / 20%	
see SPD for details				
Gum and Bone Diseases (Periodontal Services) - subject to DD review, see SPD	80% / 20%		80% / 20%	
Conservative Procedures; Maintenance Therapy				
Complex Procedures	50% / 50%		80% / 20%	
High Cost Restorations (Cast Restorations)	80% / 20%		80% / 20%	
Crowns; Inlays; Onlays; Posts and Cores				
Dentures and Bridges (Prosthetics)	50% / 50%		50% / 50%	
Bridges; Dentures (1 x every 5 yrs)				
Straighter Teeth (Orthodontics)	50% / 50%, lifetime max \$1000; deductible & annual max waived		50% / 50%, lifetime max \$2000; deductible & annual max waived	
Proper alignment of teeth (children under age 19)				
Other Feature - ENHANCED BENEFITS PROGRAM (see EBP flyer for more information and how to register)	Not Included		Included	
* Two (2) additional cleanings each year for those with certain medical and dental conditions				
* One (1) additional cleaning for pregnancy				
EMPLOYEE DENTAL PREMIUMS ARE BASED UPON YOUR MEDICAL ELECTION/DECLINATION (e.g. - You elected a Family Medical plan. If you elect the FAMILY BASIC PLAN, your dental premium is \$0)	Monthly Dental Premiums			
	Single Basic Dental	Family Basic Dental	Single Buy-Up Dental	Family Buy-Up Dental
Single Medical	\$0	\$46.06	\$14.05	\$95.12
Family Medical	\$0	\$0	\$14.05	\$49.06
Decline Medical	\$22.74	\$68.80	\$36.79	\$117.86