



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)		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)							
Fluroide 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		