



**Delta Dental Insurance
Summary of Costs and Benefits
January 1, 2026 to December 31, 2026**

Rates Per Pay Period (20 Paydates)		
	PPO Plan	EPO Plan
Employee Only	\$16.69	\$18.74
Employee + 1	\$33.75	\$31.89
Family	\$46.28	\$47.60

Plan Details	PPO Plan	EPO Plan
Deductible (Individual / Family)	\$50 / \$150	None
Waived for Preventive	Yes	Fixed Copayment Schedule
Annual Maximum	\$1,500	\$3,000
Preventive Services	100%	Fixed Copayment Schedule
Basic Services	80%	Fixed Copayment Schedule
Major Services	50%	Fixed Copayment Schedule
Orthodontia	50%	50%
Eligibility	Children Only	Children and Adults
Lifetime Maximum	\$1,500	\$2,000
Waiting Periods*	12 Months Major 12 Months Ortho	None

*Waived for those with prior coverage.