

2026 DENTAL PLAN OPTIONS COMPARISON*

	Delta Dental PPO	Deltacare Dhmo (CA Only)
Member Services	1-800-777-5854	1-800-422-4234
Website	deltadentalins.com/llns	deltadentalins.com/llns
Network	Any licensed dentist; Delta Dental PPO Dentist provides higher benefit level	DeltaCare USA network of dentists
Annual Deductible: Individual/Family	In Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care	\$0 Individual; \$0 Family
	Out of Network - \$50 Individual; combined for both basic and major dentistry; waived for preventive/diagnostic care	Not applicable
Annual Maximum Coverage Per Person	Delta Dental PPO Dentist - \$1,700	Not applicable
	Non Delta Dental PPO Dentist - \$1,500	Not applicable
Preventive Care Benefits	In Network - 100% covered; sealants 80% covered	\$0-\$45 copays
	Out of Network - 100% covered of expected cost; sealants 75% covered	Not applicable
Annual Service Limits Preventive Care	In Network Cleaning: 2 per calendar year* Exams: 2 exams of any type per calendar year *3rd cleaning per calendar year provided for pregnant women	Cleaning and fluoride, one per 6 month period, child to age 19
	Out of Network - same as in network	Not applicable
Basic Services (fillings, routine extractions, endodontics, periodontics)	In Network - 80% covered after deductible is met	100% covered; for standard benefit; Copay for endodontics, periodontics
	Out of Network - 75% covered after deductible is met	Not applicable
Major Services (crowns, bridges, implants, dentures)	In Network - 50% covered after deductible is met	Copay applies
	Out of Network - 50% covered after deductible is met	Not applicable
Orthodontia Benefits	In Network - 50% covered	\$1,700 - Child; \$1,900 Adult; \$100 Start Up Fee
	Out of Network - 50% covered	Not applicable
Service Limits and Maximums—Orthodontia	In Network - Limited to \$1,500 per lifetime for dependent children; \$500 per lifetime for adults	Check with plan
	Out of Network - Limited to \$1,500 per lifetime for dependent children; \$500 per lifetime for adults	Not applicable

* You have a right to receive timely and geographically accessible Mental Health/Substance Use Disorder (MH/SUD) services when you need them. If Health Plan fails to arrange those services for you with an appropriate provider who is in the health plan's network, the health plan must cover and arrange needed services for you from an out-of-network provider. If that happens, you do not have to pay anything other than your ordinary in-network cost-sharing. If you do not need the services urgently, your health plan must offer an appointment

Note: If there is a discrepancy between the benefits as described in the charts and the benefits as described in the Summary of Benefits and Coverage, Evidence of Coverage documents or other plan administrator's systems (together "Plan Administrator's Systems"), the Plan Administrator's Systems govern for determining benefit coverage.