

Comparing Your Delta Dental PPO Plans

July 1, 2025 – June 30, 2026

	Plan A	Plan B
Effective Date	July 1, 2025	
Benefit Period	January 1, 2025 – December 31, 2025	
Benefit Period Maximum (Per Person)	\$2,000	\$1,000
Orthodontia – Adults & Children	50%	N/A
Lifetime Maximum (Per Person)	\$1,500	

	Plan A			Plan B		
Dental Network	Delta Dental PPOSM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist	Delta Dental PPOSM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Benefit Period Deductible (<i>waived for Class I Services</i>) Per Person / Per Family	\$0 / \$0	\$50 / \$150	\$50 / \$150	\$0 / \$0	\$50 / \$150	\$50 / \$150
Class I – Diagnostic & Preventive* Exams, Cleanings, Fluoride, X-Rays, Sealants	100%	100%	100%	100%	100%	100%
Class II – Restorative Fillings, Endodontic & Periodontic Procedures, Oral Surgery	80%	80%	80%	50%	50%	50%
Class III – Major Dentures, Implants, Bridges, Crowns, General Anesthesia/IV Sedation	50%	50%	50%	50%	50%	50%

***Class I** services are not subject to the Benefit Period Maximum as of 7/1/2025 for any network or non-network dentist.

Please Note: This is a brief summary of available benefits for comparison purposes only. Please refer to plan booklets for full details. If you are changing plans mid-year (for example, at Open Enrollment), any charges applied to your benefit period maximum carry over toward the new plan benefit period maximum through the remainder of the calendar year.