Delta Dental

2025 Dental Plan Summary

	Plan 1
Diagnostic & Preventative Services:	
Coinsurance %	100%
Deductible Amount:	$50 (3 x fam)
Only Applies to Basic and Major Services	
Basic Services:	
Coinsurance %	80%
Major Services	
6 month Waiting Period for Employees With No Prior Coverage	
Coinsurance %	50%
Combined Annual Maximum: *(EXCEPT Preventative Care)*	$1,750
Orthodontia Care: (covered dependent children to age 21)	
6 month Waiting Period for Employees With No Prior Coverage	
Coinsurance %	50%
Lifetime Maximum	$1,750