Active Employees	Delta Dental DHMO*

Plan Changes are in Orange	2025 Delta Dental HMO
Plan Information	
Deductible - Individual	NA
Deductible - Family	NA
Out-of-Pocket Maximums - Family	NA
Out-of-Pocket Maximums - Individual	NA
Annual Maximum Benefit	NA
Lifetime Maximum	NA
R&C Percentile	NA
Preventive Care	
Deductible applies to Preventive Care?	NA
Prophylaxis	$0 Copay
Oral Exams	$0 Copay
Flouride Application	$0 Copay
X-rays	$0 Copay
Other Services	Various Copays
Basic Services	
Space Maintainers	$40 or $50 Copay
Sealants	$10 Copay
Fillings	Copays range from $0 to $75
Periodontics	Copays range from $0 to $300
Other Services	Various copays
Major Services	
Pretreatment Review	Various copays
Extractions	Copays range from $0 to $115
Inlays, Onlays, and Crowns	Copays range up to $355
Bridges	Copays range from $155 to $355
Dentures	Copays range from $155 to $365
Dental Implants	Not Covered
Endodontics	Copays range from $0 to $365
Oral Surgery	Copays range from $0 to $115
General Anesthesia	Copays range from $0 to $80
Periodontic, Scaling and Root Planing	Copays range from $0 to $215
TMJ	Not Covered
Other Services	Various copays
Orthodontic Services	
Eligibility	Adult and Child
Deductible	$0
Orthodontia	Copays range from $0 to $2100
Orthodontic Lifetime Maximum (per person)	24 months of treatment
Other Plan Provisions	
Emergency Dental Care	Various Copays
Anesthesia	Copays range from $0 to $80
Cosmetic	$125 for External bleaching for home application; per arch