2027

Summary of Benefits

A side-by-side comparison of your 2027 Dental Plan options

The benefits summarized are extracted from the ITDR 2027 Benefits & Resources Guide, page 44.

INSURANCE TRUST for Delta Retirees

DELTA DENTAL®

Delta Family Values – Quality and Service

DENTAL PLANS | Summary of Benefits

	DELTA DENTAL PPO		DELTA DENTAL HMO-TYPE PLAN
	In-Network	Out-Of-Network	In-Network Only
Calendar Year Maximum Benefit	$2,000 per person	$2,000 per person	No maximum
Calendar Year Deductible	$60 per person (does not apply to Type A services or Orthodontic Services)	$60 per person (does not apply to Type A services or Orthodontic Services)	$0
Type A Covered Services: Preventive and Diagnostic Services (Subject to Frequency Limits)	100% of the network dentist contracted amount	100% of program allowance	Most preventive services covered with no copay, most other services have copays, see benefit schedule for details*
Type B Covered Services: Basic and Restorative Services	70% of the network dentist contracted amount after deductible	70% of program allowance	Amalgam fillings covered with no copays, most other services have copays, see benefit schedule for details*
Type C Covered Services: Major Restorative Services	50% of the network dentist contracted amount after deductible	50% of program allowance	Most services have copays, see benefit schedule for details*
Dentures • Repairs • Initial Installation (Full or Partial) and Adjustments • Replacement Limit	 Covered as Type B Covered as Type C Once every 60 mos.	 Covered as Type B Covered as Type C Once every 60 mos	Services have copays, see benefit schedule for details* Once every 60 months
Orthodontic Services Lifetime Maximum (Adults Only)	50% of the network dentist contracted amount, no deductible	50% of program allowance, no deductible	Services have copays, see benefit schedule for details* Maximum benefit period of 24 months
Teeth Whitening	Not Covered	Not Covered	Services have copays

* Delta Dental HMO-type Plan does not cover services provided by out-of-network dental providers. Copies of benefit plan materials are available to you via mail or email, and may be requested by calling Delta Dental. See page 25 for carrier contact information. This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description.