

2024-2025		
Delta Dental Insurance Benefit	Plan 1 - High	Plan 2 - Low
	PPO Network / Premier or Out of Network	PPO Network / Premier or Out of Network
Preventive Services (<i>% covered</i>)	100 / 100	100 / 80
Basic Services (<i>% covered</i>)	100 / 80	80 / 60
Major Services (<i>% covered</i>)	60 / 50	50 / 40
Calendar year deductible (\$)	0 / 75	75 / 75
Calendar year benefit maximum (\$)	5000 / 2000	5000 / 2000
Orthodontia (<i>% covered</i>)	60 / 50	50 / 50
Lifetime orthodontia maximum (\$)	unlimited / 1500	unlimited / 1500
Monthly Cost -- ACTIVE		
Single	\$32.00	\$22.00
Family	\$172.00	\$76.00
Monthly Cost -- Active <u>NO MEDICAL</u>		
Single	\$58.00	\$32.00
Family	\$198.00	\$106.00
Monthly Cost -- Retiree		
Single	\$55.00	\$31.00
Family	\$182.00	\$98.00
Monthly Cost -- Spouse Continuee/COBRA		
Single	\$60.00	\$33.00
Family	\$202.00	\$108.00