



Delta Dental PPO (PRISM)

Dental Benefits	Delta Dental PPO (PRISM) Current / Renewal		Delta Dental PPO (PRISM) Option 2		Delta Dental PPO (PRISM) Option 3	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Maximum	\$1,000 (Per patient per calendar year)		\$1,250 (Per patient per calendar year)		\$1,250 (Per patient per calendar year)	
Calendar Year Deductible	\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)		\$50 / \$150 (Waived for Preventive)	
Individual/Family	Yes		Yes		No	
Diagnostic and Preventive towards Maximum	Yes		Yes		No	
Diagnostic and Preventive	100%		100%		100%	
Oral Exam						
X-Rays						
Teeth Cleaning						
Fluoride Treatment						
Space Maintainers						
Basic Services	80%		80%		80%	
Amalgam/Composite Fillings						
Periodontics (Gum disease)						
Endodontics (Root Canal)						
Extractions & Other Oral Surgery						
Major Services	50%		50%		50%	
Crowns						
Inlays and Onlays						
Prosthodontics						
Implants						
Orthodontics	50%		50%		50%	
Benefit	\$1,000		\$1,000		\$1,000	
Lifetime Maximum						
Out-of-Network Reimbursement	Fee Schedule		Fee Schedule		Fee Schedule	
RATE GUARANTEE	1 Year 1/1/2024 - 12/31/2024		1 Year 1/1/2025 - 12/31/2025		1 Year 1/1/2025 - 12/31/2025	
MONTHLY RATES	Current		Renewal		Option 3	
Employee Only	\$33.70		\$32.50		\$33.80	
Employee + Family	\$88.40		\$85.30		\$88.80	
MONTHLY PREMIUM	\$3,423		\$3,302		\$3,437	
ANNUAL PREMIUM	\$41,072		\$39,629		\$41,249	
ANNUAL DOLLAR CHANGE			-\$1,444		\$176	
ANNUAL PERCENT CHANGE			-3.5%		0.4%	

Enrollment as of Q1 2024 PRISM

This summary is for informational purpose only. It does not amend, extend, or alter the current policy in any way. In the event information in this summary differs from the Plan Document, the Plan Document will prevail.