

# 2025-26 **Dental plan** benefit table

	Plan 1 <sup>2</sup>	Plan 5 <sup>2</sup>	Plan 6 <sup>3</sup>	Exclusive PPO Incentive Plan <sup>3,4</sup>	Exclusive PPO <sup>3,4</sup>
Network	Premier			PPO	PPO
	In-network, you pay			In-network, you pay	In-network, you pay
<b>Plan-year costs</b>					
Deductible	\$50	\$50	\$50	\$50	\$50
Benefit maximum	\$2,200	\$1,700	\$1,200	\$2,300	\$1,500
Out-of-network benefits included	✓	✓	✓	✗	✗
<b>Preventive* and diagnostic services<sup>1</sup></b>					
Exam and prophylaxis/cleanings (once every six months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Bitewing X-rays (once every 12 months)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Topical fluoride application (ages 18 and under)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
Sealants and space maintainers	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	0%	0%	0%
<b>Restorative services</b>					
Fillings (posterior teeth paid to composite)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Inlays (composite reimbursement fee)	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Oral surgery and extractions	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
Endodontics and periodontics	30% - 0% <sup>2</sup>	30% - 0% <sup>2</sup>	20%	30 - 0% <sup>2</sup>	10%
<b>Major restorative services</b>					
Gold or porcelain crowns	30% - 0% <sup>2</sup>	30%	50%	30 - 0% <sup>2</sup>	20%
Implants	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
Onlays	30% - 0% <sup>2</sup>	30%	50%	30 - 0% <sup>2</sup>	20%
<b>Prosthodontics services</b>					
Dentures and partial dentures	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
Bridges	30% - 0% <sup>2</sup>	50%	50%	30 - 0% <sup>2</sup>	20%
<b>Other services</b>					
Nitrous Oxide	50%	50%	50%	50%	50%
Occlusal guards (night guards <sup>5</sup> and athletic mouthguards)	50%	50%	50%	50%	50%
<b>Orthodontic services<sup>1,6</sup></b>					
Lifetime maximum – \$1,800	20%	20%	N/A	20%	20%

\*Preventive costs will not accrue toward the benefit maximum.

<sup>1</sup> Deductible waived.

<sup>2</sup> Under this incentive plan, benefits start at 70 percent for the individual's first plan year of coverage. Thereafter, benefit payments increase by 10 percent each plan year (up to a maximum benefit of 100 percent) provided the individual has visited the dentist at least once during the previous plan year. Failure to do so will cause a 10 percent reduction in benefit payment the following plan year, although payment will never fall below 70 percent.

<sup>3</sup> Moving from a constant benefit plan (6 or Exclusive PPO) to an incentive benefit plan (1 or 5) will cause the benefit level to start at 70 percent.

<sup>4</sup> This plan has no out-of-network benefit. Services performed outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem-focused exam, palliative treatment and X-rays. All other services are considered non-covered.

<sup>5</sup> \$250 maximum, once every five years.

<sup>6</sup> Orthodontic services do not apply toward the plan-year benefit maximum.

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