



Delta Dental DPO EMPLOYER SPONSORED Benefit and Rate Sheet for 2026 Effective Dates

Available in TX¹
Group Size: 2+

Choose One Plan:												
Plan Name	DPO \$1500 22824-01100/01101 A			DPO \$2000 w/ORTHO 22824-01300/01301 C			DPO \$2000 22824-01500/01501 E			DPO \$3000 w/ORTHO 22824-01700/01701 G		
Network	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental
Deductible												
Individual	\$50			\$50			\$50			\$50		
Family	N/A			N/A			N/A			N/A		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	\$1500			\$2000			\$2000			\$3000		
Orthodontic Lifetime Max	N/A			\$1500			N/A			\$1500		
Dental Benefit												
Preventive Services	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
Basic Services	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Endodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontal	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Implants	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Missing Tooth Clause	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²	Yes ²
Reimbursement Schedule	DPO or Premier ³			DPO or Premier ³			DPO or Premier ³			DPO or Premier ³		
Orthodontic Benefit												
Orthodontics	N/A			50%			N/A			50%		
Orthodontics Available To	N/A			Adult and Child			N/A			Adult and Child		
Monthly Rates												
New rates effective 03/01/2026												
Member Only	\$34.53			\$38.17			\$35.79			\$38.88		
Member + Spouse/DP	\$61.33			\$68.01			\$63.64			\$69.32		
Member + 1 Child	\$61.33			\$68.01			\$63.64			\$69.32		
Member + Children	\$91.64			\$101.78			\$95.16			\$103.76		
Member + Family	\$91.64			\$101.78			\$95.16			\$103.76		
Rate Guarantee	1 year			1 year			1 year			1 year		
Monthly Admin Fee	\$15											

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

¹ Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in TX. Employees and their enrolled dependents can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

² Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

³ Reimbursement is based on the DPO contracted fees for DPO dentists, the Premier contracted fees for Premier dentists and the Program Allowance for non-Delta Dental dentists.

In order to have the monthly admin fee waived, must select both emailed invoices and payment via ACH Draft. If at any time correspondence and/or payment methods are changed to USPS mail and/or payment by check, an administrative fee of \$15 monthly will be assessed per invoice.