



Delta Dental PPO PREMIER VOLUNTARY Benefit and Rate Sheet for 2026 Effective Dates

Available in CA¹
Group Size: 2+

Choose One Plan:												
Plan Name	PPO \$1500 w/ORTHO 00465-03000 T			PPO \$2000 00465-03100 U			PPO \$2000 w/ORTHO 00465-03200 V			PPO \$3000 w/ORTHO 00465-03400 X		
Network	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental	PPO Network	Premier Network	Non-Delta Dental
Deductible												
Individual	\$50			\$50			\$50			\$50		
Family	\$150			\$150			\$150			\$150		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	\$1500			\$2000			\$2000			\$3000		
Orthodontic Lifetime Max	\$1500			N/A			\$2000			\$1000		
Dental Benefit												
Preventive Services	100%	80%	80%	100%	80%	80%	100%	80%	80%	100%	100%	80%
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%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Endodontic	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Periodontal	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Oral Surgery	80%	60%	60%	80%	60%	60%	80%	60%	60%	80%	80%	50%
Major Services	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Prostodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	40%
Implants	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	PPO or Premier ⁴			PPO or Premier ⁴			PPO or Premier ⁴			PPO ⁵		
Orthodontic Benefit												
Orthodontics	50%			N/A			50%			50%		
Orthodontics Available To	Child			N/A			Adult and Child			Child		
Monthly Rates												
Member Only	\$64.92			\$67.25			\$72.66			\$73.52		
Member + Spouse/DP	\$117.77			\$122.08			\$132.09			\$133.65		
Member + 1 Child	\$117.77			\$122.08			\$132.09			\$133.65		
Member + Children	\$178.91			\$185.50			\$200.84			\$203.23		
Member + Family	\$178.91			\$185.50			\$200.84			\$203.23		
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 CA. Employees and their enrolled dependents can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

² & ³ For more detailed information, see Benefit Summary and Evidence of Coverage.

⁴ Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

⁵ Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.