

# 2024 State Dental Plan Summaries

Summaries do not cover all plan details.  
Please refer to the Summary Plan  
Description or Handbook.

	UDB or Delta Dental PPO Plus Premier™ – Preventive Plan	Delta Dental PPO™ – Select Plan	Delta Dental PPO Plus Premier™ – Select Plus Plan
<b>In-Network Providers</b> (No out-of-network coverage)	Delta Dental PPO and Delta Dental Premier	Delta Dental PPO ONLY	Delta Dental PPO and Delta Dental Premier
<b>Annual Deductible<sup>1</sup></b>	None	\$100 / person	\$25 / person
<b>Annual Maximum</b>	\$1,000 / person	\$1,000 / person	\$2,500 / person
<b>Routine evaluations, dental cleanings, sealants<sup>2</sup>, X-rays, fluoride treatments<sup>2</sup></b>	100%	No coverage	No coverage
<b>Fillings</b> White (composite) fillings covered at 100% for back teeth	100%	No coverage	No coverage
<b>Periodontal Maintenance</b>	100%	No coverage	No coverage
<b>Crowns, bridges, dentures, implants</b>	No coverage	50%	60%
<b>Surgical extraction, root canal (endodontics), periodontics (except maintenance), oral surgery</b>	No coverage	50%	80%
<b>Non-surgical extractions (above gumline)</b>	90%	No coverage	No coverage
<b>Orthodontics Coverage</b>	50% (under age 19)	No coverage	50% (Regardless of age)
<b>Orthodontics Lifetime Maximum</b>	\$1,500	No coverage	\$1,500*

\*In addition to UDB or Preventive Plan

Monthly Premium	Uniform Dental Benefit Plan (UDB)		Delta Dental PPO Plus Premier™ – Preventive Plan		Delta Dental PPO™ – Select Plan		Delta Dental PPO Plus Premier™ – Select Plus Plan	
	Active Employee	Retiree	Active Employee	Retiree	Active Employee	Retiree	Active Employee	Retiree
<b>Individual</b>	\$3	\$32.08	\$36.10	\$36.10	\$9.08	\$15.08	\$21.60	\$32.06
<b>Individual + Spouse</b>	--	--	--	--	\$18.16	\$30.66	\$43.22	\$64.10
<b>Individual + Child(ren)</b>	--	--	--	--	\$12.24	\$20.70	\$40.12	\$59.30
<b>Family</b>	\$10	\$80.20**	\$90.28	\$90.28	\$21.76	\$36.80	\$66.20	\$97.78

\*\*Medicare Some and Medicare All recipients pay a family rate of \$64.16 for UDB

<sup>1</sup>If you are enrolled in the UDB or Preventive Plan AND a major supplemental plan (Select or Select Plus) and have a qualified preventive service (cleaning/exam) in 2023, your deductible on the major supplemental plan will be waived in 2024. Individuals must be enrolled in both plans (UDB or Preventive Plan and Select or Select Plus Plans) in 2023 and 2024 to be eligible. In addition, if you continue coverage and have your preventive visit in 2024, your 2025 deductible will also be waived.

<sup>2</sup>For children to age 19

Delta Dental is a Registered Mark of Delta Dental Plans Association