DELTA DENTAL

Federally Compliant Dental Plans

Federally Compliant Plans for Groups

2026

Delta Dental PPO-Plus Premier Federally Compliant Dental plans[+] – For the 2026 plan year, Delta Dental has two Federally Compliant Plans designed to meet ACA Pediatric Dental Essential Health Benefit standards. Our plans include the Delta Dental PPO and Premier networks for maximum network access.

Plan Information	Low Option	High Option
Annual Maximum Benefit: applies to covered persons age 19 or older	$1,500	$1,500
Annual Maximum Out-of-Pocket: for **one** covered person to age 19	$450	$450
Annual Maximum Out-of-Pocket: for **two or more** covered persons to age 19	$900	$900
Annual Deductible	$75 per person	$50 per person

Co-Insurance – The percentage Delta Dental will pay for covered services

Plan Information	Co-Insurance – Low Option	Co-Insurance – High Option
Preventive & Diagnostic Services	**100%** $75 Annual Deductible applies	**100%** No Deductible
Basic Services*: Six (6) month specific benefit waiting period applies to covered persons age 19 or older	**60%** $75 Annual Deductible applies	**80%** $50 Annual Deductible applies
Major Services*: Twelve (12) month specific benefit waiting period applies to covered persons age 19 or older	**50%** $75 Annual Deductible applies	**50%** $50 Annual Deductible applies
Medically Necessary Orthodontic Services** applies to covered persons to age 19 only	**50%** No Deductible	**50%** No Deductible

[+]**A minimum of two (2) enrolled individuals per plan required for participation in FCP plans.**

- Processing policies, limitations and exclusions will apply for medically necessary procedures. Dependent children are eligible for coverage to age 26.
- Deductibles and Co-Insurance will apply to Maximum Out-of-Pocket.
- Maximum Out-of-Pocket does **not** apply to out-of-network services.

* **Medically Necessary Extractions –** The surgical or non-surgical removal/extraction of third molars must be medically necessary.

** **Medically Necessary** – Orthodontic treatment and/or services are only covered with orthognathic surgery cases or certain designated syndromes or genetic disorders such as cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapped malocclusions caused by cranio-facial orthopedic deformities involving teeth.

Coverage Type	Monthly Rates Low Option	Monthly Rates High Option
Individual Only	$42.00	$87.00
Individual + Spouse (Couple)	$84.00	$174.00
Individual + 1 Dependent	$84.00	$174.00
Individual + 2 Dependents	$126.00	$261.00
Individual + 3 or more Dependents	$168.00	$348.00
Individual + Spouse + 1 Dependent (Family/Couple +1)	$126.00	$261.00
Individual + Spouse + 2 Dependents (Family/Couple +2)	$168.00	$348.00
Individual + Spouse + 3 or more Dependents (Family/Couple +3)	$210.00	$435.00

If you, or someone you're helping, has questions about Delta Dental PPO Plus Premier - Federally Compliant Plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-522-0188.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental PPO Plus Premier - Federally Compliant Plan, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-522-0188.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental PPO Plus Premier - Federally Compliant Plan, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-522-0188.

如果您，或是您正在協助的對象，有關於[插入 SBM 項目的名稱 Delta Dental PPO Plus Premier - Federally Compliant Plan 方面的問題，您 有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 800-522-0188]。

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental PPO Plus Premier - Federally Compliant Plan 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-522-0188로 전화하십시오.

Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental PPO Plus Premier - Federally Compliant Plan haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-522-0188 an.

فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة .للتحدث مع ، Delta Dental PPO Plus Premier - Federally Compliant Plan إن كان لديك أو لدى شخص تساعده أسئلة بخصوص)
مترجم اتصل بـ 800-522-0188.

သင္သို႔မဟုတ္ သင္ကူညီေနသူတစ္ ဦးဦး၌ဦးက Delta Dental PPO Plus Premier - Federally Compliant Plan c ပတ္ ္က ၍ ေ မီးခြန္ ဦးရ သလာပါက ကုန္ကစရိတ္ ေ ပီးရန္မလိုဘဲ မသမသဘာသာစကားး ဖc အကူအညီရယူ သ ူည္ ။ စကားး ပန c ေ ပာလသုပါက 800-522-0188 သသု႔ ေ ျပဳငွဆသုပါ။

Yog koj, los yog tej tus neeg uas koj pab ntawd, muaj lus nug txog Delta Dental PPO Plus Premier - Federally Compliant Plan, koj muaj cai kom lawv muab cov ntshiab lus qhia uas tau muab sau ua koj hom lus pub dawb rau koj. Yog koj xav nrog ib tug neeg txhais lus tham, hu rau 800-522-0188.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Delta Dental PPO Plus Premier - Federally Compliant Plan, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-522-0188.

Si vous, ou quelqu'un que vous êtes en train d’aider, a des questions à propos de Delta Dental PPO Plus Premier - Federally Compliant Plan, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-522-0188.

ຖ້າທ່ານ, ຫ ຼື ຄ ົນທ ່ ທ່ານກ ໍາລ ັງຊ່ວຍເຫ ຼືອ, ມ ຄ ໍາຖາມກ່ຽວກ ັບ Delta Dental PPO Plus Premier - Federally Compliant Plan, ທ່ານມ ສ ິດທ ່ ຈະໄດ້ຮ ັບການຊ່ວຍເຫ ຼືອແລະຂ ໍ້

ມູນຂ່າວສານທ ່ ເປ ັນພາສາຂອງທ່ານບ ໍ່ ມ ຄ່າໃຊ້ຈ່າຍ. ການໂອ້ລ ົມກ ັ

ບນາຍພາສາ, ໃຫ້ໂທຫາ 800-522-0188.

หากคุณ หรือคนที่คุณก าลังช่วยเหลือมีค าถามเกี่ยวกับ Delta Dental PPO Plus Premier - Federally Compliant Plan คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย พูดคุยกับล่าม โทร 800-522-0188

کے بارے میں، تو اپ دونوں کو اپنی زبنا میں مفت م،دد اور معالومات حاصل کرنے کا Delta Dental PPO Plus Premier - Federally Compliant Plan اگر اپ کسی کو مدد دے رہے ہیں اور اپ دونوں کو سوال ےہ
حق ہے۔ ترجمان سے بات کرنے کے لیے 800-522-0188 فون کریں۔

ᏂᎯ ᏱᏣᏚ Ꮧ ᏣᏞᏛᎾᏏ ᎠᏜ ᎩᏀ ᎯᏍᎦ ᎵᏍᎬ ᏳᏚ Ꮧ ᎤᏓᏛᎾᏏᎶᎱ ᏍᎫ, ᏑᏍᏓ ᎤᏬᏣᏍᎫ ᎯᎠ ᎤᎾᏓᏟᎬᎢ Delta Dental PPO Plus Premier - Federally Compliant Plan. ᎠᏓᏍᎪᎸ ᏮᏫ ᎠᏓᏍᏕᎳᎫ ᎡᏣᏁᎫ ᏃᏈ ᎡᏣᏃ ᎯᏎᏏ ᏣᏚ ᎵᏍᎦ ᏣᏚᏔ ᎯᏍᎫᏱ ᏣᏤᎵ Ꭶ ᎺᏂᎯᏍᎫ ᎬᏏ ᏃᏈ ᏧᎬᏩᎫ ᏂᏢᏒᎾ ᏢᏒᎢ. ᎠᏁᎳᏏᏍᎩ ᏍᎫᏗᏂᎯᏍᎫ ᏱᏣᏚ Ꮧ, ᏗᎳᏃᏑ Ꮷ ᏗᏎᏍᎫ ᎯᎠ 800-522-0188.

داشته باشید حق این را دارید که کمک و اطالعات به زبان خود را به طور رایگان دریافت ، Delta Dental PPO Plus Premier - Federally Compliant Plan اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مودر]
. نمايدي 800-522-0188 .تماس حاصل نمايدي