Dental Insurance Comparison

Delta Dental

MNA Home Care RN
January 1, 2027

Plan Comparison Summary

Plan Highlights	Silver Plan	Gold Plan
Network Type	PPO & Premier	PPO & Premier
Deductible	$0	$0
Annual Maximum	$1,000	$1,500
Orthodontic Maximum	$1,500 Lifetime	$1,500 Lifetime

Coverage Comparison Summary

Coverage Highlights	Silver Plan	Gold Plan
Preventive (Exams, Cleanings, X-Rays, etc.)	100%	100%
Filling	50%	80%
Crown	50%	80%
Dentures (each)	50%	80%
Prosthetic Implants	50%	80%
Extractions	50%	80%
Root Canal	50%	80%
Orthodontics (Child Age >19)	50% up to max	50% up to max
Orthodontics (Adult Age 19+)	No Coverage	50% up to max

Biweekly Premium Rates

Full-Time Coverage Level	Silver Plan	Gold Plan
Team Member Only	$0.66	$9.65
Two Person	$2.57	$19.69
Family	$5.09	$32.62

Part-Time Coverage Level	Silver Plan	Gold Plan
Team Member Only	$1.31	$10.31
Two Person	$13.89	$31.01
Family	$39.11	$66.63

This is a summary of benefits. Refer to Benefits.UMHInsider.org for plan and network details. If questions arise, insurance contracts in effect will take precedence.