

Dental Insurance Comparison

Delta Dental

Non-Union, IUE, SEIU S&T

January 1, 2027

Plan Comparison Summary

Plan Highlights	Bronze Plan	Silver Plan	Gold Plan
Network Type	EPO (<u>Limited</u>)	PPO & Premier	PPO & Premier
Deductible	\$0	\$0	\$0
Annual Maximum	N/A	\$1,000	\$1,500
Orthodontic Maximum	N/A	\$1,500 Lifetime	\$1,500 Lifetime

Coverage Comparison Summary

Coverage Highlights	Bronze Plan	Silver Plan	Gold Plan
Preventive (Exams, Cleanings, X-Rays, etc.)	100%	100%	100%
Filling	\$31 - \$56	50%	80%
Crown	\$284 - \$345	50%	80%
Dentures (each)	\$120 - \$432	50%	80%
Prosthetic Implants	No Coverage	50%	80%
Extractions	\$29 - \$184	50%	80%
Root Canal	\$201 - \$326	50%	80%
Orthodontics (Child Age >19)	\$2,100	50% up to max	50% up to max
Orthodontics (Adult Age 19+)	No Coverage	No Coverage	50% up to max

Biweekly Premium Rates

Full-Time Coverage Level	Bronze Plan	Silver Plan	Gold Plan
Team Member Only	\$0	\$0	\$8.26
Two Person	\$0	\$2.61	\$19.73
Family	\$0	\$11.67	\$39.20

Part-Time Coverage Level	Bronze Plan	Silver Plan	Gold Plan
Team Member Only	\$0	\$3.88	\$12.87
Two Person	\$5.40	\$16.45	\$33.58
Family	\$22.78	\$41.67	\$69.20

This is a summary of benefits. Refer to [Benefits.UMHinsider.org](https://www.benefits.umhinsider.org) for plan and network details. If questions arise, insurance contracts in effect will take precedence. Note: Bronze Dental Plan is limited to the Exclusive Provider Organization (EPO) network, check network before enrolling in this plan.