Dental Insurance Comparison

Delta Dental

UAW and UMH-Clinton RN
January 1, 2027

Plan Comparison Summary

Plan Highlights	Bronze Plan	Silver Plan	Gold Plan
Network Type	EPO (Limited)	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	$0.36	$0.66	$1.10
Two Person	$1.46	$2.57	$4.28
Family	$3.20	$5.09	$7.84

Part-Time Coverage Level	Bronze Plan	Silver Plan	Gold Plan
Team Member Only	$0.72	$1.31	$2.21
Two Person	$8.13	$13.89	$22.92
Family	$25.51	$39.11	$58.54

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. Note: Bronze Dental Plan is limited to the Exclusive Provider Organization (EPO) network, check network before enrolling in this plan.