Dental Insurance

CHL offers one dental plan through Delta Dental. It is a PPO plan. The plan allows you to use in-network or out-of-network benefits. If out-of-network dentists are used, you will be responsible to pay the difference between Delta Dental's allowed amount and what the dentist may charge, also known as "balance billing." The chart below provides a brief overview of the plan.

Delta Dental
1-800-932-0783
www.deltadental.com

Plan Year: January 1 – December 31, 2026	**Delta Dental Premier PPO**
IN-NETWORK OR OUT-OF-NETWORK	
DEDUCTIBLE	
Individual / Family	$25 / $75
ANNUAL MAXIMUM	
Per covered person	$1,500
PREVENTIVE CARE	
Oral Exams & Cleanings (twice per calendar year), X-Rays (full mouth once/60 months)	$0
BASIC PROCEDURES	
Fillings, Repair & Maintenance of Crowns, Bridges, Dentures, General Anesthesia	You pay 20% after deductible
MAJOR PROCEDURES	
Bridges & Dentures, ENDO (Root Canal), Single Crowns, Simple & Complex Extractions, PERIO Maintenance (scaling and root planning)	You pay 50% after deductible
ORTHODONTIA	
Up to age 19	You pay 50% after deductible; Up to a lifetime maximum of $1,000

Weekly Cost for Coverage	DENTAL/VISION RATE (if combined with Medical)	DENTAL ONLY RATE (if purchased without Medical)
Employee Only	$3.12	$8.91
Employee + Spouse	$5.83	$16.64
Employee + Child(ren)	$5.49	$15.47
Employee + Family	$8.50	$24.09