



State of Delaware Dental Plan Comparison Chart for State Employees (Effective July 1, 2024)

Please note: The specific premiums (rates) referenced in this document apply to State of Delaware employees. If you are a school district or charter school employee, your benefits may be different from what is presented here as some schools offer their own local school plans for dental insurance. Flex credits offered to school district or charter school employees to reduce their employee premiums for dental benefits are not reflected in this information. Please visit your school website or contact your organization's Human Resources/Benefits Office for information regarding your benefits, premiums (rates) and flex credits.

Plan Options	Delta Dental PPO Plan		Dominion National DHMO Plan***	
Plan Type	Preferred Provider Organization (PPO)		Dental Health Maintenance Organization (DHMO)	
Primary Care Provider (PCP) Selection	Not Required		Required	
Coverage Options/ Premiums (Rates)	Total Monthly Premium (Rate)	Bi-Weekly Premium (Rate)	Total Monthly Premium (Rate)	Bi-Weekly Premium (Rate)
Employee	\$37.44	\$18.72	\$27.94	\$13.97
Employee & Spouse	\$76.42	\$38.21	\$51.96	\$25.98
Employee & Child(ren)	\$75.02	\$37.51	\$56.00	\$28.00
Family	\$125.20	\$62.60	\$76.08	\$38.04
Plan Feature	Delta PPO Dentists**	Delta Premier Dentists & Out-of-Network Dentists**	In-Network	Out-of-Network
Diagnostic and Preventive Services (exams, cleanings, x-rays)	100% covered, not subject to deductible	20% coinsurance, not subject to deductible	100% covered*	Not covered
Deductible (Per plan year)	\$50 per individual/ \$150 per family	\$50 per individual/ \$150 per family	N/A	N/A
Annual Maximum	\$1,500 per individual	\$1,500 per individual	N/A	N/A
Fillings	20% coinsurance after deductible	20% coinsurance after deductible	\$58 per filling (3 surface/silver)	Not covered
Root Canals	20% coinsurance after deductible	20% coinsurance after deductible	\$325 per root canal (anterior tooth)	Not covered
Crowns	50% coinsurance after deductible	50% coinsurance after deductible	\$495 per crown (porcelain/metal)	Not covered
Complete Dentures	50% coinsurance after deductible	50% coinsurance after deductible	\$664	Not covered
Implants, Surgical Placement	50% coinsurance after deductible	50% coinsurance after deductible	\$507	Not covered
Orthodontics (child)	\$50 lifetime deductible, \$1000 lifetime maximum	\$50 lifetime deductible, \$1000 lifetime maximum	\$3,764	Not covered
Orthodontics (adult)	\$50 lifetime deductible, \$1000 lifetime maximum	\$50 lifetime deductible, \$1000 lifetime maximum	\$4,024	Not covered

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Important Note:

* Each family member who receives two cleanings during the plan year from a participating Dominion network dentist receives a \$20 reward.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

***For the Dominion National DHMO Plan please refer to the summary of benefits for a complete list of ADA codes/fees and plan limitations/exclusions.

For more information, visit the Statewide Benefits Office (SBO) website at de.gov/statewidebenefits.