



State of Delaware Dental Plan Comparison Chart for State Employees (Effective July 1, 2025)

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 Resource/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 | \$38.56 | \$19.28 | \$28.78 | \$14.39 |
| Employee & Spouse | \$78.72 | \$39.36 | \$53.52 | \$26.76 |
| Employee & Child(ren) | \$77.26 | \$38.63 | \$57.68 | \$28.84 |
| Family | \$128.96 | \$64.48 | \$78.36 | \$39.18 |
| 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.