# New Dental & Vision Plans 2026

| **Delta Dental** | **Low Plan** | **Middle Plan** | **High Plan** |
|---|---|---|---|
| **Annual Maximum** | $750 | $1000 | $1500 |
| **Deductible (Single / Family)** | $50 / $150 | $50 / $150 | $50 / $150 |
| **Orthodontia** | Not Covered | Not Covered | $1500 Lifetime Max. for children **and** ADULTS |
| **Basic Services** | 100% | 100% | 100% |
| **Minor Services** | 50% | 80% | 80% |
| **Major Services** | Not Covered | 50% | 50% |
| **Implants** | Not Covered | 50% | 50% |

## Monthly Rates

| | | | |
|---|---|---|---|
| **Employee Only** | $18.37 | $24.57 | $26.80 |
| **Employee + Spouse** | $46.83 | $62.63 | $68.34 |
| **Employee + Child(ren)** | $58.28 | $77.97 | $85.05 |
| **Family** | $80.37 | $107.53 | $117.30 |

| **Delta Vision** | **Delta Vision 150 Plan** |
|---|---|
| **Exam Copay (every 12 months)** | $10 |
| **Materials Copay (every 12 months)** | $10 |
| **Frame Allowance (every 24 months)** | $150 |
| **Lenses (every 12 months)** | included in materials copay |

## Monthly Rates

| | |
|---|---|
| **Employee Only** | $7.43 |
| **Employee + Spouse** | $14.03 |
| **Employee + Child(ren)** | $14.60 |
| **Family** | $22.59 |