Health and welfare benefits

Dental

You have the choice of a Dental only plan OR a Dental + Orthodontia plan to fit you and your family's needs. Preventative services (cleanings and regular exams) are covered 100% and the deductible does not apply.

Dental Only Plan

Network: Delta Dental Premier Network

Administrator: Delta Dental

Annual Deductible: $25 individual / $75 family

Basic Services: 80% after deductible

Major Services: 50% after deductible

2026 Premiums*

	Full Time	Part Time
Employee Only	$9.00	$15.00
Employee + Spouse/ Domestic Partner	$19.50	$32.50
Employee + Child(ren)	$22.50	$37.50
Employee + Family	$39.00	$65.00

Dental + Orthodontia Plan

Network: Delta Dental Premier Network

Administrator: Delta Dental

Annual Deductible: $25 individual / $75 family

Basic Services: 80% after deductible

Major Services: 50% after deductible

Orthodontia: 50% to lifetime maximum of $1,500 per person

2026 Premiums*

	Full Time	Part Time
Employee Only	$11.50	$19.00
Employee + Spouse/ Domestic Partner	$27.00	$45.00
Employee + Child(ren)	$31.00	$51.50
Employee + Family	$53.50	$89.00

* Your medical, dental and vision premiums are deducted from the first two paychecks each month. 401(k) deductions are taken out of each paycheck.