

**RESIG Delta Dental Plan Comparison Sheet**  
**Active Employees and Retiree Rates**  
**Effective October 1, 2024 through September 30, 2025**

Plan Allowances	Services	\$1900/\$1500 Plan		\$2400/\$2000 Plan		\$2900/\$2500 Plan	
		In-PPO Network	Out-of-PPO Network	In-PPO Network	Out-of-PPO Network	In-PPO Network	Out-of-PPO Network
Cleanings	Cleanings per mمبر, per cal year	4	4	4	4	4	4
Copayments	Diagnostic and Preventive	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Basic	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Crowns & Cast Restorations	70-100%	70-100%	70-100%	70-100%	70-100%	70-100%
	Prostodontics (Includes implant coverage)	70%	70%	70%	70%	70%	70%
Deductibles	Child Only Orthodontics	50%	50%	50%	50%	50%	50%
	Per patient per Calendar Year	N/A	N/A	N/A	N/A	N/A	N/A
	Per Family per Calendar Year	N/A	N/A	N/A	N/A	N/A	N/A
Maximums	D & P Exempt from Deductible	N/A	N/A	N/A	N/A	N/A	N/A
	Per patient per Calendar Year	\$ 1,900.00	\$1,500	\$ 2,400.00	\$2,000	\$ 2,900.00	\$2,500
<b>Rates</b>							
Active Rates (Monthly)		Active Without Orthodontia		Active Without Orthodontia		Active Without Orthodontia	
	Employee Only	\$48.00		\$51.00		\$54.00	
	Employee + 1	\$87.00		\$93.00		\$98.00	
	Employee + Family	\$126.00		\$134.00		\$141.00	
	Composite	\$111.00		\$118.00		\$124.00	
Retiree Rates (Monthly)		Retiree Without Orthodontia		Retiree Without Orthodontia		Retiree Without Orthodontia	
	Employee Only	\$63.00		\$65.00		\$70.00	
	Employee + 1	\$112.00		\$119.00		\$125.00	
	Employee + Family	\$161.00		\$171.00		\$180.00	
<b>Orthodontic Rider Options</b>							
Active Rates (Monthly)		\$1900/\$1500 w/ \$500 Ortho.		\$2400/\$2000 w/ \$500 Ortho.		\$2900/\$2500 w/ \$500 Ortho.	
	Employee Only	\$57.00		\$60.00		\$64.00	
	Employee + 1	\$102.00		\$108.00		\$114.00	
	Employee + Family	\$148.00		\$157.00		\$165.00	
	Composite	\$130.00		\$139.00		\$146.00	
Active Rates (Monthly)		\$1900/\$1500 w/ \$1000 Ortho.		\$2400/\$2000 w/ \$1000 Ortho.		\$2900/\$2500 w/ \$1000 Ortho.	
	Employee Only	\$58.00		\$61.00		\$65.00	
	Employee + 1	\$104.00		\$110.00		\$116.00	
	Employee + Family	\$150.00		\$159.00		\$167.00	
	Composite	\$132.00		\$141.00		\$148.00	
Active Rates (Monthly)		\$1900/\$1500 w/ \$1500 Ortho.		\$2400/\$2000 w/ \$1500 Ortho.		\$2900/\$2500 w/ \$1500 Ortho.	
	Employee Only	\$61.00		\$67.00		\$94.00	
	Employee + 1	\$105.00		\$121.00		\$170.00	
	Employee + Family	\$153.00		\$176.00		\$244.00	
	Composite	\$135.00		\$156.00		\$217.00	
Active Rates (Monthly)		\$1900/\$1500 w/ \$2000 Ortho.		\$2400/\$2000 w/ \$2000 Ortho.		\$2900/\$2500 w/ \$2000 Ortho.	
	Employee Only	\$62.00		\$69.00		\$97.00	
	Employee + 1	\$108.00		\$125.00		\$174.00	
	Employee + Family	\$156.00		\$181.00		\$250.00	
	Composite	\$138.00		\$160.00		\$222.00	
Active Rates (Monthly)		\$1900/\$1500 w/ \$2500 Ortho.		\$2400/\$2000 w/ \$2500 Ortho.		\$2900/\$2500 w/ \$2500 Ortho.	
	Employee Only	\$64.00		\$70.00		\$99.00	
	Employee + 1	\$110.00		\$127.00		\$176.00	
	Employee + Family	\$159.00		\$183.00		\$256.00	
	Composite	\$141.00		\$161.00		\$227.00	

**Rate pass and benefit enhancements effective 10/1/2024 approved by the Joint Powers Board on June 13, 2024**