



# Delta Dental DPO EMPLOYER SPONSORED Benefit and Rate Sheet for 2025 Effective Dates

Available in TX<sup>1</sup>  
Group Size: 2+

Choose One Plan:												
Plan Name	DPO \$1500 22824-01100/01101 A			DPO \$2000 w/ORTHO 22824-01300/01301 C			DPO \$2000 22824-01500/01501 E			DPO \$3000 w/ORTHO 22824-01700/01701 G		
Network	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental	DPO Network	Premier Network	Non-Delta Dental
<b>Deductible</b>												
Individual	\$50			\$50			\$50			\$50		
Family	N/A			N/A			N/A			N/A		
Waived for Preventive	Yes			Yes			Yes			Yes		
Annual Max Benefit	\$1500			\$2000			\$2000			\$3000		
Orthodontic Lifetime Max	N/A			\$1500			N/A			\$1500		
<b>Dental Benefit</b>												
<b>Preventive Services</b>	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cleaning Allowances	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year	2 per calendar year
<b>Basic Services</b>	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Endodontic	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Periodontal	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
Oral Surgery	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
<b>Major Services</b>	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Prosthodontics	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Implants	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Missing Tooth Clause	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>	Yes <sup>2</sup>
Reimbursement Schedule	DPO or Premier <sup>3</sup>			DPO or Premier <sup>3</sup>			DPO or Premier <sup>3</sup>			DPO or Premier <sup>3</sup>		
<b>Orthodontic Benefit</b>												
Orthodontics	N/A			50%			N/A			50%		
Orthodontics Available To	N/A			Adult and Child			N/A			Adult and Child		
<b>Monthly Rates</b>												
Member Only	\$38.08			\$42.13			\$39.48			\$42.92		
Member + Spouse/DP	\$67.85			\$75.28			\$70.44			\$76.74		
Member + 1 Child	\$67.85			\$75.28			\$70.44			\$76.74		
Member + Children	\$101.54			\$112.80			\$105.45			\$115.01		
Member + Family	\$101.54			\$112.80			\$105.45			\$115.01		
Rate Guarantee	1 year			1 year			1 year			1 year		
Monthly Admin Fee	\$15											

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carrier's Summary of Benefits.

<sup>1</sup> Delta Dental plans are available to groups of 2 or more enrolled employees. Group must be headquartered in TX. Employees and their enrolled dependents can reside in any state. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

<sup>2</sup> Restorative treatment and replacement of teeth extracted prior to the effective date are covered benefits.

<sup>3</sup> Reimbursement is based on the DPO contracted fees for DPO dentists, the Premier contracted fees for Premier dentists and the Program Allowance for non-Delta Dental dentists.