2027

Dental Handbook – Retired Employees

CALHR
CALIFORNIA DEPARTMENT OF HUMAN RESOURCES

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Introduction

The California Department of Human Resources (CalHR) prepared this dental benefits handbook to provide general information regarding state-sponsored dental coverage for State of California retirees and their eligible dependents.

Information in this handbook is supplied solely to provide general information regarding eligibility and enrollment and to assist you in comparing dental plan options. This handbook has no legal force or effect; any discrepancy between the information contained herein and actual dental plan benefits is controlled by the contracts between the state and the dental plan carriers.

CalHR

The CalHR Benefits Division administers the state's dental program. CalHR secures and administers contracts with dental carriers to provide benefits to active state employees, retirees and their dependents. CalHR is also responsible for communicating policies and procedures regarding dental eligibility and enrollment, coordinating dental Open Enrollment periods and providing information, guidance and training to the departmental personnel offices on issues relating to the state's dental program.

California Public Employees' Retirement System (CalPERS)

CalPERS maintains the dental benefit enrollment records for all state retirees, processes retiree dental enrollments and submits eligibility information to the appropriate dental plan. To ensure that you receive timely information about your state-sponsored dental benefits, report address changes to CalPERS at the address below (be sure to include your Social Security number and telephone number):

California Public Employees' Retirement System
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715

If you have questions about eligibility, contact CalPERS directly at (888) 225-7377 or TTY (877) 249-7442.

State-Sponsored Dental Plans

CalHR currently contracts with two prepaid dental plans. These prepaid plans are: DeltaCare USA, and MetLife Select DHMO. CalHR also contracts with Delta Dental and MetLife for an indemnity type plan and a preferred provider organization plan (PPO).

A prepaid plan, also known as a dental health maintenance organization (DHMO), requires you and your eligible dependents to select a dental provider when you enroll, choosing from a list of dentists who contract with the plan. These dentists, located only in California, are paid a monthly contracted fee by the dental plan for every state retiree and dependent that chooses to receive services from their office. No monthly premium is deducted from your retirement warrant; the state pays the premium in full. (See page 9 for more details about the prepaid plans.)

An indemnity plan allows you to receive services from any licensed dentist throughout the United States and abroad. However, benefits are maximized when you receive services from a contracted Delta Dental or MetLife dentist. The plan pays a percentage of the costs for each specific type of dental treatment. You are responsible for paying any remaining balance based on the type of dental treatment you receive. A monthly premium cost share will be deducted from your retirement warrant. (See page 10 for more information about the state-sponsored indemnity plan.)

A PPO plan allows you to select any licensed dentist of your choice. However, you receive the maximum benefits available under the program when you choose one of the dentists in the plan's PPO network. The plan pays a percentage of the costs for each specific type of dental treatment. You are responsible for paying any remaining balance based on the type of dental treatment you receive. A monthly premium cost share will be deducted from your retirement warrant. (See page 10 for more information about the state-sponsored PPO plan.)

Eligibility

Retiree Eligibility

You are eligible to enroll or continue enrollment as a retiree if you:

- Are enrolled in (or eligible for) a state-sponsored dental plan on the date of your separation from employment.
- Retire within 120 days of your separation.
- Receive a monthly retirement allowance from CalPERS.

Dependent Eligibility

You may also enroll your eligible dependents in your dental plan. Eligible dependents include your spouse or registered domestic partner (as recognized by the State of California) and your eligible children as defined below.

Spouse or Registered Domestic Partner
To enroll a spouse, you must provide a copy of your marriage certificate and provide your spouse's Social Security number. To enroll a domestic partner, you must provide a copy of the Secretary of State's required filing documents and provide your partner's Social Security number.

Eligible Children
Children under the age of 26 are eligible for enrollment. Children may include your birth children, adopted children or children placed for adoption, stepchildren, children of a registered domestic partner and other children living in the household who are in a parent-child relationship with you.

A "parent-child relationship" is established when you intentionally assume parental status or duties over a child who is not your adopted, step or recognized natural child and meets specific enrollment criteria. To enroll a child in a parent-child relationship, you will need to complete an Affidavit of Parent-Child Relationship (CalHR 025).

A child may continue to be enrolled after age 26 if they were determined to be:

- Incapable of self-support because of physical disability or mental incapacity.
- Dependent on the eligible retiree for support and care.
- Considered disabled at the time of the initial enrollment.

For more details regarding the enrollment criteria for disabled children, contact CalPERS toll-free at (888) 225-7377 or TTY (877) 249-7442.

Loss of Eligibility

The following events will cause a family member or dependent to lose eligibility; their coverage ends on the last day of the month in which this event occurred:

- A child turns 26.
- A final divorce decree is granted, or a domestic partnership is terminated.

When a family member or other dependent ceases to be eligible, they must be dropped from your coverage. You must notify CalPERS of any changes to your dependent eligibility as soon as possible. Do not wait until Open Enrollment. You will be liable for any expenses incurred after this person loses eligibility. Refer to page 13 for information about the continuation of coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

If you have questions about eligibility, contact CalPERS toll-free at (888) 225-7377 or TTY (877) 249-7442.

Enrollment

Continuing Benefits into Retirement

Your departmental personnel office is responsible for enrolling you in dental benefits when you retire from state service. If you do not enroll in dental benefits at the time of your retirement, you may do so during any subsequent Open Enrollment period by contacting CalPERS.

If you are enrolled in a cash option in lieu of dental benefits when you retire, your enrollment will automatically stop. You have 30 days before or 60 days following your retirement date to enroll in a dental plan.

California Association of Highway Patrolmen (CAHP) employees who retired on or after September 30, 1992, may elect to continue enrollment in their union-sponsored indemnity plan or change to a state-sponsored dental plan. Under the terms of the Memorandum of Understanding (MOU) between the CAHP and CalHR, this is an irrevocable one-time election.

California Correctional Peace Office Association (CCPOA) employees enrolled in a union-sponsored dental plan must change to a state-sponsored dental plan and retire within 120 days after their date of separation to continue their dental coverage.

New dependents cannot be added during this time. Retirement is not a permitting event to add dependents.

Open Enrollment

Each year, an Open Enrollment period is held to allow eligible state retirees to enroll in a dental plan, change plans and add or delete eligible family members. Open Enrollment is typically held from September through mid-October. It is coordinated by CalHR in cooperation with CalPERS.

This year's Open Enrollment starts **September 14 and ends October 9, 2026**. Changes made during the Open Enrollment period are effective January 1, 2027. Please contact CalPERS to enroll or make changes to your dental coverage during Open Enrollment.

How to Enroll or Make Changes During Open Enrollment

Contact CalPERS by phone or complete and submit the Retiree Dental Plan Enrollment - Change Request (CalHR 686) to CalPERS directly. Your enrollment/change request must be received by CalPERS by October 9, 2026. Forms postmarked on or before October 9, 2026, but received after October 11, 2026, will not be accepted.

By Phone:

Phone requests must be made to CalPERS between September 14 and October 9, 2026. Representatives are available Monday through Friday, 8:00 a.m. – 5:00 p.m. Pacific Time. When you call, be prepared to provide the information listed below under "Required Information for Open Enrollment Requests."

CalPERS contact numbers for open enrollment:
Voice: (888) CalPERS or (888) 225-7377
TTY: (916) 795-3240
FAX: (800) 959-6545

Required Information for Open Enrollment Requests

New enrollments or dental plan changes:

- Your name and Social Security number.
- Your date of birth.
- Name of the plan you wish to enroll in or change to.
- If changing plans, the name of your current plan.
- Your home phone number (optional).

Adding dependents to your dental plan:

- Your name, date of birth and Social Security number.
- Name, Social Security number and birth date of the dependent(s) being added.
- To add a spouse, you must provide a copy of your marriage certificate.
- To add a registered domestic partner, you must provide a copy of the Secretary of State's required filing documents.
- To add children (natural-born, adopted, placement for adoption, step or registered domestic partner's children), you must provide a birth certificate, adoption certificate or court order.
- To add children in a parent-child relationship, you must also complete an Affidavit of Parent-Child Relationship (CalHR 025), along with the required documents.

Deleting dependents from your dental plan:

- Your name, date of birth and Social Security number.
- Name, Social Security number and birth date of the dependent(s) being deleted.
- Dependent's relationship to you.

For dental coverage cancellations:

- Your name, date of birth and Social Security number.

By Mail:

The Retiree Dental Plan Enrollment - Change Request (CalHR 686) must be postmarked by October 9, 2026. Submit the Retiree Dental Plan Enrollment - Change Request (CalHR 686) to:

California Public Employees' Retirement System
Health Account Management
Division Post Office Box 942715
Sacramento, CA 94229-2715

Dual Coverage

A person cannot be covered under more than one state-sponsored dental plan. If a situation involving dual coverage is discovered, it must be corrected retroactively to the date dual coverage began. In addition, a dental plan may request reimbursement for any claims paid.

Split Coverage

Married retirees or registered domestic partners may not split coverage for their dependent children. All eligible children in a household enrolled in a state-sponsored dental plan must be covered by the same retiree.

Levels of Coverage

The cost of coverage depends on the plan you select and how many eligible dependents you cover. Levels of coverage are:

- Yourself (Party Code 1).
- Yourself and one eligible dependent (Party Code 2).
- Yourself and two or more eligible dependents (Party Code 3).

The 2027 retiree dental premiums are listed on page 11.

Making Changes Outside of Open Enrollment

Once you are enrolled, you cannot make changes until the next annual Open Enrollment unless you experience a change in family or employment status—normally referred to as a qualified “permitting event.” Permitting events include, but are not limited to:

- Marriage or registered domestic partnership.
- Birth, adoption or gaining legal custody of a child.
- Loss or gain of eligibility due to family employment changes.
- Divorce or termination of registered domestic partnership.
- Death of an eligible family member.

When a permitting event occurs, you will need to contact CalPERS within 60 days of when the permitting event occurred. Enrollment changes must be consistent with your permitting event. You will be required to provide the date of the family status change.

Note: If you need to delete a dependent from coverage because they become ineligible, you must take this action as soon as possible. Do not wait for Open Enrollment, as you will be liable for any costs incurred by this person after they cease to be eligible.

Any allowable voluntary changes made during the year become effective on the first day of the month following the date CalPERS receives your request. Mandatory changes, such as deletions due to loss of eligibility, become effective on the first day of the month following the qualifying event.

Contact CalPERS at (888) 225-7377 or TTY (877) 249-7442 to enroll or make changes to your dental coverage.

Cancellation/Termination of Dental Enrollment Coverage

Your coverage ceases at midnight on the last day of the month following the month in which the last premium was paid.

You may voluntarily cancel your dental plan enrollment at any time by contacting CalPERS. You may not re-enroll in a dental plan until the next Open Enrollment period.

Plan Descriptions

Note: The information provided in this section offers only brief descriptions of the currently available dental plans. The evidence of coverage booklets can be reviewed for all plans listed below on their website or you can contact the plan directly for more detailed explanations.

Prepaid Dental Plans (Dental DHMOs)

DeltaCare USA and MetLife Select are the two state-sponsored prepaid dental plan providers.

The state pays 100% of the monthly premium for the prepaid plans, so no monthly premium cost-share is deducted from your retirement warrant. There are no claim forms, deductibles, or maximum allowable benefits.

Prepaid plans provide dental services through pre-selected participating dentists throughout California. When you enroll in one of these plans, you select a dentist from the list of dentists who participate in your chosen plan. You may change to another dentist who participates in your plan upon your request or if your dentist leaves the plan. You may change dental plans if you move, and your plan has no participating dentists within 50 miles of your new residence.

A prepaid dental plan pays participating dentists a contracted monthly fee for each person enrolled in the plan served by that dentist. In return, the dentist provides all basic, preventive and diagnostic services (e.g., cleanings, checkups, x-rays, fillings, oral surgery and treatment of tooth pulp and gums). The level of coverage for you and your dependents is the same.

While most dental services are performed at little or no charge to you, there may be a specific fixed charge for certain types of complex procedures, such as root canals. There is a limit on the amount a prepaid provider can charge you for orthodontic services.

Contact the dental carriers directly to obtain brochures describing each prepaid plan and a list of the dentists participating in those plans. Their toll-free numbers are:

DeltaCare USA	(800) 225-3368
MetLife	(866) 837-2364

Indemnity Dental Plan

Delta Dental and MetLife administer the state-sponsored indemnity dental plans, called Delta Dental PPO Essential and MetLife PPO Core, available to all retirees.

The indemnity plan allows you to receive services from any licensed dentist, although you may have higher out-of-pocket costs if you receive services from an out of network dentist. You have full access to specialty care and guaranteed benefits through Delta Dental and MetLife's large network of dentists throughout the United States and abroad.

When you receive services from a participating dentist, the carrier pays the dentist directly, based on the fee agreement between the carrier and the dentist. If the dentist's charges exceed the fee paid by Delta Dental or MetLife, you are responsible for paying the remainder of the bill and any applicable annual deductible.

If you receive treatment from an out-of-network dentist, you are responsible for paying the dentist's entire bill. To claim reimbursement, you must submit an itemized receipt with a standard dental claim form to either Delta Dental or MetLife. Your reimbursement will be based on the carrier's usual, customary and reasonable fee schedule for California.

For more information on the Delta Dental Indemnity plans, contact Delta Dental at (800) 225-3368. For more information on the MetLife indemnity plans, contact MetLife at (866) 837-2364.

PPO Dental Plan

Delta Dental and MetLife are also administering the state-sponsored PPO dental plans known as the Delta PPO Standard and the MetLife PPO Access plans. Both plans offer higher benefit levels when you receive services from a participating dentist. However, you may choose an out-of-network dentist and still be covered. When you receive services from a participating PPO dentist, your costs are based on a contracted fee agreement between the carrier and the dentist.

If you receive services from a dentist who is not a Delta Dental or MetLife contracted provider (i.e. an out of network provider), you are responsible for paying the entire bill directly to the dentist at the time of service. Your reimbursement from the carrier may be substantially lower. To claim reimbursement, submit your itemized receipt with a standard claim form to Delta Dental or MetLife. The reimbursement will be sent directly to you. You may obtain a claim form by contacting Delta Dental at (800) 225-3368 or MetLife at (866) 837-2364.

To see if your current dentist is a participating dentist or for more information on the PPO dental plan, contact Delta Dental at (800) 225-3368 or MetLife at (866) 837-2364.

Retiree Dental Premiums

The following tables show retiree dental premiums effective January 1, 2027.

Delta Dental PPO Standard and MetLife PPO Access plans for Retirees

Level of Coverage	State Share	Retiree Share	Total Premium
Party Code 1	$36.84	$12.28	$49.12
Party Code 2	$71.62	$23.87	$95.49
Party Code 3	$107.76	$35.92	$143.68

Delta Dental PPO Essential and MetLife PPO Core plans for Retirees

Level of Coverage	State Share	Retiree Share	Total Premium
Party Code 1	$40.31	$13.44	$53.75
Party Code 2	$70.39	$23.46	$93.85
Party Code 3	$101.73	$33.91	$135.64

Prepaid Dental Plans

The state will pay 100% of the premium.

Level of Coverage	DeltaCare USA	MetLife Select
Party Code 1	$19.61	$14.87
Party Code 2	$32.18	$24.09
Party Code 3	$44.52	$33.74

Survivor Benefits

Your surviving dependent(s) will be eligible to continue their current coverage if they meet all the following criteria:

- They were enrolled as your dependents at the time of your death.
- They qualify for a monthly survivor allowance from CalPERS.
- They continue to qualify as surviving dependents.

Questions regarding the continuation of dental plan coverage should be directed to CalPERS. To report the death of a dental plan retiree, call or write to CalPERS at:

CalPERS
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
(888) 225-7377 or TTY (877) 249-7442

Note: Surviving dependents who do not qualify to continue their current coverage are eligible for continuation of coverage under COBRA (refer to page 13 for details).

COBRA Group Continuation Coverage

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 requires employers to offer continuation of health, dental and vision benefits to covered retirees, spouses, domestic partners and eligible children who lose coverage due to certain qualifying events. Depending on the qualifying event, benefits may be continued for 18 or 36 months. The coverage period is measured from the time of the qualifying event and applies to each qualified beneficiary, including the covered retiree, spouse, domestic partner and eligible children.

The qualifying events for continuation of coverage and the duration of the extended coverage are listed below.

Benefits Continued for 36 Months

- **Death** — Covered retiree dies and the surviving family member is not eligible for a monthly survivor allowance from CalPERS.
- **Medicare coverage begins** — Covered retiree becomes entitled to Medicare benefits.
- **Divorce or legal separation** — Covered retiree is divorced or legally separated.
- **Domestic partnership termination** — Covered retiree terminates a domestic partnership registered in the State of California.
- **Change in dependent status** — An eligible child of a covered retiree turns age 26.

Premiums
Under COBRA, the administrator is permitted to charge a 2% administrative fee in addition to the premium. Therefore, the cost of COBRA continuation coverage to a state retiree and/or eligible dependent of a retiree is 102% of the premium previously charged to the retiree.

Premium Payment
Once enrolled, the enrollee's monthly premiums are due by the first of each following month. While due on the first, the enrollee will have a maximum 30-day grace period in which to make these premium payments. The plan or its COBRA administrator is not required to send a monthly bill. All claims occurring during the month will be held pending payment of premium. If the applicable payment is not made within the grace period, then coverage will be canceled back to the end of the prior month in which a premium payment had been made. If COBRA coverage is canceled due to non-payment of premiums, the enrollee will not be reinstated.

Partial Premium Payment
If the dental plan receives a partial monthly premium, the plan will notify the enrollee of the amount of the deficiency and allow 30 days for payment of the deficiency. All claims incurred during the month when the deficiency exists will be held pending receipt of the deficient amount.

Open Enrollment Period
COBRA enrollees have the same rights as active employees and retirees to make allowable changes to their coverage during the annual Open Enrollment period. Specific instructions will be sent to all COBRA enrollees by CalHR before the Open Enrollment period begins.

COBRA in Retirement
If a qualified beneficiary of a retired state employee has a COBRA qualifying event, they will be offered continuation coverage through CalPERS.

Loss of COBRA Eligibility
COBRA eligibility ceases for a retiree, spouse, domestic partner or eligible child if any of the events listed below occurs prior to the expiration of the 18- or 36-month COBRA continuation period. The state does not offer any type of conversion plan after the 18- or 36-month period has expired. The enrollee must contact the dental plan directly for information about a potential individual conversion plan if any of the following occur:

- State employer ceases to offer dental insurance plans.
- A covered retiree fails to pay required premiums on time.
- A covered state retiree becomes covered under another employer's plan that does not contain any exclusion or limitation concerning preexisting health conditions.
- A state retiree who received extended COBRA coverage of 29 months due to a Social Security approved disability is no longer disabled.
- A covered state retiree’s former spouse remarries, or domestic partner establishes a new domestic partnership and obtains coverage under another group dental plan.
- A covered retiree becomes entitled to Medicare benefits while enrolled in COBRA.
- Coverage terminates for cause on the same basis that the plan terminates the coverage of similarly situated non-COBRA participants.

Note: All termination of COBRA coverage notices will be provided by the plan.

For more information about COBRA group continuation coverage, including eligibility, monthly premiums, enrollment procedures, or qualifying events that cause termination of COBRA eligibility, contact CalPERS at (888) 225-7377 or TTY (877) 249-7442.

Dental Benefits Assistance—Who to Call

If you need assistance with your dental coverage, please refer to the contact information below:

CalPERS

- To find out who your current dental carrier is. **Note**: This information also appears on your retirement warrant.
- To determine whether a particular enrollment change is permitted outside the dental Open Enrollment period.
- For questions regarding the dental Open Enrollment process.
- To verify dental enrollment effective dates.
- For information regarding adding or deleting dependents from your dental coverage, including deleting a dependent who turns age 26 and is no longer eligible for coverage.
- To report the death of a spouse or dependent.
- To continue dental coverage of enrolled dependents following the death of a state retiree.
- To report an incorrect premium deduction or dental plan coverage on your retirement warrant or statement.
- For questions or concerns regarding your monthly dental plan cost share premium.

Mailing addresses and telephone numbers for CalPERS and the individual dental plans are listed on pages 16-17.

Directory of State-Sponsored Dental Plans

Dental Plan Administrator

California Public Employees' Retirement System
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
(888) 225-7377 / TTY (877) 249-7442
https://www.calpers.ca.gov/page/retirees

California Department of Human Resources
Benefits Division
1515 S Street, North Bldg., Suite 500
Sacramento, CA 95811-7258

Prepaid Dental Plans (DHMOs)

DeltaCare USA
P.O. Box 1803
Alpharetta, GA 30023
(800) 422-4234

MetLife
P.O. Box 14588
Lexington, KY 40512-4401
(866) 837-2364

Indemnity and PPO Dental Plans

Delta Dental
P.O. Box 997330
Sacramento, CA 95899
(800) 225-3368

MetLife
P.O. Box 14588
Lexington, KY 40512-4401
(866) 837-2364

Comparison Charts

Overview: Prepaid, Indemnity and PPO Plans

The following table provides a general overview of the benefits available under the state-sponsored dental plans. Consult each plan's brochure and evidence of coverage booklet for detailed information and plan limitations.

Plan Details	Prepaid	Indemnity	PPO
Plan Names	DeltaCare USA MetLife Select	Delta Dental PPO Essential MetLife PPO Core	Delta Dental PPO Standard MetLife PPO Access
Type of Plan	The plan pays your chosen dentist a monthly fixed rate to provide services as needed.	Fee-for-service plan. The plan provides reimbursement for services rendered.	The plan provides maximum benefit when you visit an in-network PPO dentist.
Dental Providers	Must select a dental provider affiliated with the prepaid plan.	Any licensed dentist. However, out-of-pocket expenses may be lower when visiting an in network dentist with Delta or MetLife.	Any licensed dentist, but maximum benefit when visiting a PPO network dentist. If an out-of-network dentist is used, benefits are lower.
Orthodontic Providers	Must use an orthodontist affiliated with the prepaid plan.	May visit any orthodontist. However, out-of-pocket expenses may be lower when visiting an in-network orthodontist with Delta or MetLife	Must visit an in-network PPO orthodontist to receive maximum benefit.
Changing Providers	May change to another dentist affiliated with the plan with prior approval.	May change dentists at any time.	May change dentists at any time.

(continued on the next page)

Plan Details	Prepaid	Indemnity	PPO
Deductibles	No deductible.	**Basic:** $50 per person, up to $150 annual maximum per family.	$25 per person, up to $100 annual maximum per family for PPO network dentists. $75 per person up to $200 annual maximum per family for out-of-network dentists.
Co-payments	Co-payments for certain covered procedures. May require payment at the time of treatment.	You pay only the co-payment and any deductibles and charges above the annual maximum for covered services when visiting an in-network dentist When visiting an out of network dentist, you also pay the difference between the dentist's submitted charges and Delta or MetLife's approved fees.	You pay only the co-payment and any deductibles and charges above the annual maximum for covered services when visiting an in-network dentist. When visiting an out-of-network dentist, you also pay the difference between the dentist's submitted charges and Delta or MetLife's approved fees.
Plan Payments	The plan pays the dentist a monthly contract fee.	Payments are based on Delta or MetLife's contracted fees or the maximum plan allowance when out-of-network dentists are used.	Payments are based on Delta or MetLife's contracted fees or the maximum plan allowance when out-of-network dentists are used.
Calendar Year Maximum (CYM)	No maximum.	$2,000 for employee, $2,000 per eligible dependent.	$2,000 for employee, $2,000 per eligible dependent
Implant Benefit	Covered with a co-payment.	Implants at 50% (subject to CYM).	Implants at 50% (subject to CYM).

Coverage and Costs for Certain Procedures: Prepaid Plans

The following chart compares retiree costs for certain types of procedures under each prepaid dental plan. Consult each plan's brochure and evidence of coverage booklet for detailed information and plan limitations.

Type of Plan	DeltaCare USA	MetLife Select
Who is Covered?	Retirees and Dependents	Retirees and Dependents
Diagnostic and Preventive (two cleanings annually)	No charge	No charge
Basic Benefits	No charge	No charge
Crowns	$50	No charge
Bridges, Full and Partial Dentures	No charge	No charge
Implants	Covered with co-payment	Covered with co-payment
Orthodontia	$1,000, plus up to $250 for start-up costs	$1,000, plus up to $250 for start-up costs

Coverage and Costs for Certain Procedures: Indemnity and PPO Plans

The following chart compares retiree costs for certain types of procedures under the **Indemnity and PPO plans**. Consult each plan's evidence of coverage booklet for detailed information and plan limitations.

Type of Plan	Delta Dental PPO Standard / MetLife PPO Access	Delta Dental PPO Essential / MetLife PPO Core
Who is Covered?	Retirees and Dependents	Retirees and Dependents
Diagnostic and Preventive (two cleanings annually)[1]	No charge	No charge
Basic Benefits	10%	10%
Crowns	20%	Retirees: 20% Dependents: 50%
Bridges, Full and Partial Dentures	40%	50%
Implants	50% Subject to Calendar Year Maximum	50% Subject to Calendar Year Maximum
Orthodontia	Adults: $1,000 Children: $1,500	$1,000
Annual Deductibles	$25 / person $100 / family	$50 / person $150 / family
Annual Maximum	$2,000 per person	$2,000 per person

[1] Diagnostic and Preventive Benefits are exempt from the deductible, and the Calendar Year Maximum (CYM).

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