2027 Dental Insurance

DENTAL PLAN **Delta Dental** PPO

Lacher offers one PPO dental plan through Delta Dental. The plan allows you to use in-network or out-of-network benefits. The chart below provides a brief overview of the plan and your bi-weekly cost.



In-network dental benefit	Dental Plan
Deductible: individual / family	$50 / $150
Annual maximum per covered person	$1,500
Preventive care: oral exams (once every 6 months), cleanings, X-rays	Plan pays 100%
Basic procedures: simple extractions and fillings	Plan pays 80%
Major procedures: onlays, crowns and prosthodontics	Plan pays 50%
Orthodontia: children (up to age 19)	Plan pays 50%
Orthodontia lifetime maximum (per covered person)	$1,500
Out-of-network	Refer to the Summary of Benefits and Coverage at **www.lacherbenefits.com/legal**

Bi-weekly cost per pay	Dental Plan
Team Member Only	**$21.97**
Team Member + 1	**$44.84**
Team Member + 2 or more	**$64.00**

WAITING PERIODS FOR NEW ENROLLEES

Basic services: none. Major services, prosthodontics and orthodontics: 12 months.

Watch out for balance billing. If out-of-network dentists are used, you will be responsible to pay the difference between Delta Dental's allowed amount and what the dentist may charge.

Delta Dental | **1-800-932-0783** | **www.deltadental.com**