

## Dental Plan Comparison Chart

	2024–2025 Dental Plan Options			2025–2026 Dental Plan Options			
	Delta Dental (PPO/Premier in-network and out-of-network)	Dominion National DHMO Plan (in-network)	Dominion National DHMO Plan (out-of- network)	MetLife Enhanced Plan (in- network)	MetLife Enhanced Plan (out-of- network)	MetLife Core Plan (in- network)	MetLife Core Plan (out-of- network)
<b>Annual Deductible</b> individual/family	\$50/\$150	No deductible	Not covered	\$50/\$150	\$50/\$150	\$50/\$150	\$100/\$300
<b>Annual Maximum</b> per individual per year	\$1,500	Fee schedule	Not covered	\$1,500	\$1,500	\$1,000	\$750
<b>Orthodontic Deductible</b> per individual per lifetime	\$50 (adult & child)	No deductible	Not covered	\$50 (adult & child)	\$50 (adult & child)	\$100 (child only)	\$100 (child only)
<b>Orthodontic Maximum</b> per individual per lifetime	\$1,000 (adult & child)	\$3,764 (child)/ \$4,024 (adult)	Not covered	\$1,000 (adult & child)	\$1,000 (adult & child)	\$750 (child only)	\$750 (child only)

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	Delta Dental (PPO/Premier in-network and out-of-network)	Dominion National DHMO Plan (in-network)	Dominion National DHMO Plan (out-of- network)	MetLife Enhanced Plan (in- network)	MetLife Enhanced Plan (out-of- network)	MetLife Core Plan (in- network)	MetLife Core Plan (out-of- network)
<b>Basic Services</b> (simple extractions, endodontics, non- surgical periodontics, basic restorative, denture repairs)	You pay 20%	Fee schedule \$37–\$112	Not covered	You pay 20%	You pay 25%	You pay 25%	You pay 50%
<b>Major Services</b> (oral surgery, general anesthesia or IV sedation, crowns and inlays/onlays, prosthodontics, major restorative, surgical periodontics)	You pay 50%	Fee schedule \$0–\$2,363	Not covered	You pay 50%	You pay 50%	You pay 50%	You pay 60%
<b>Orthodontia</b>	You pay 50%	Fee schedule \$413–\$4,024	Not covered	You pay 50%	You pay 50%	You pay 50%	You pay 50%