

# 2026 SEBB Dental Benefits Comparison

Use the chart below to see what you pay for dental services. Before you select a dental plan or provider, compare the plans to find out what is covered, which providers are in-network, and your costs for care. For benefit details, refer to the plan's benefits booklet (also called a certificate of coverage) or contact the plan. If anything in this chart conflicts with the plan's benefits booklet, the benefits booklet takes precedence and prevails.

Uniform Dental Plan (UDP) is a preferred-provider organization (PPO) plan available throughout the U.S. You can choose any dental provider and change providers at any time. UDP offers a tiered network of providers, which means there are two cost-sharing levels. Providers in the Delta Dental Premier network charge more for covered services than providers in the Delta Dental PPO network. **The UDP amounts shown below are for the Delta Dental PPO network only.**

\*The UDP deductible **does not** apply to orthodontia, preventive care, and services for children under age 15. You must meet the deductible **before** the plan pays for all other services.

DeltaCare and Willamette Dental (underwritten by Willamette Dental of Washington, Inc.) are managed-care plans. You must select and receive care from a primary care dental provider in that plan's network. DeltaCare's service area is limited to Washington State. Willamette Dental has office locations in Washington, Oregon, and Idaho.

What you pay ↴	Managed Care Plans		Preferred Provider Organization (PPO)	
	DeltaCare (Group 09601) DeltaCare network	Willamette Dental (Group WA733)	Uniform Dental Plan (Group 09600 Delta Dental PPO)	
			PPO and out-of-state	Non-PPO
Annual costs				
Deductible	None		\$50/person*, \$150/family*	
Annual maximum	None		Any amount over \$1,750/person	
Services				
Crowns	\$100 to \$175		30%	40%
Dentures	\$140 for complete upper or lower		50%	60%
Fillings	\$10 to \$50		20%	30%
Nonsurgical temporomandibular joint (TMJ) treatment	30% then any amount over \$1,000 per year; any amount over \$5,000 in member's lifetime	Any amount over \$1,000 per year; any amount over \$5,000 in member's lifetime	30% then any amount over \$1,000 per year; any amount over \$5,000 in member's lifetime	
Oral surgery	\$0 to \$50 per tooth removed	\$10 to \$50 per tooth removed	20%	30%
Orthodontia	\$1,500 per case		50% up to \$1,750, then any amount over \$1,750 in member's lifetime	
Orthognathic surgery (jaw surgery)	30% up to \$5,000, then any amount over \$5,000 in member's lifetime		30% up to \$5,000, then any amount over \$5,000 in member's lifetime	
Periodontics (treatment of gums)	\$15 to \$100		20%	30%
Preventive services	\$0		\$0 (10% out-of-state)	20%
Root canals (endodontics )	\$100 to \$150		20%	30%

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