

PLAN YEAR SEPT 2026-2027



CONTACT INFORMATION

ANNIE COUNCIL

224-2055

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D 5 - Choice Plan Premiere and Advantage Dentists		
	In-Network	Out-Of-Network
Type I Preventative	100%	80% (Premier)
Type II Basic	80%	60% (Premier)
Type III Major	50%	50% (Premier)
Type IV Orthodontics	Discount Only	None
Annual Maximum	\$1,200.00	
Specialists	Same as General Dentist	
Endodontics Periodontics	Type III - Major	
Deductible	\$100 Lifetime Per Person \$300 Per Family Per Year	
Waiting Periods on Type III	12 Month; However waived if first chance to sign up or if transferring from D2,D3, Peak, Elite, Mac or Comp.	
Employee	\$40.00 monthly rate	
2 Party	\$91.80 monthly rate	
Family	\$159.10 monthly rate	

D 2 - Advantage Co-Pay Plan Advantage Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	Based Upon Fee schedule
Type III Major	Based Upon Fee schedule
Type IV Orthodontics	Discount Only
Annual Maximum	Unlimited
Specialists	20% Discount
Endodontics Periodontics	Based Upon Fee schedule
Deductible	None
Waiting Periods	None
Employee	\$28.00 monthly rate
2 Party	\$64.90 monthly rate
Family	\$101.20 monthly rate

D 3 Premiere PPO (100) Discount plan Premiere Dentists	
	In-Network Only
Type I Preventative	100%
Type II Basic	See Member Schedule (Discount Only)
Type III Major	See Member Schedule (Discount Only)
Type IV Orthodontics	Discount Only
Annual Maximum	Unlimited
Specialists	Same as General Dentist
Endodontics Periodontics	See Member Schedule (Discount Only)
Deductible	None
Waiting Periods	None
Employee	\$21.50 monthly rate
2 Party	\$43.30 monthly rate
Family	\$71.40 monthly rate

2026-2027 COPAY FEE EXAMPLES - In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	Type II	2 surface anterior
2394	Porcelain filling	Type II	4 surface posterior
4210	Gingivectomy	Type III	(periodontics)
3330	Molar	Type III	Root Canal
2750	Porcelain Crown	Type III	
0120	Office Visit	Type I	

2026-2027 COPAY FEE EXAMPLES In-Network (subject to change January 1st of ea. Yr.) (Specialists are 20% Discount only)			
2331	Porcelain filling	\$46	2 surface anterior
2394	Porcelain filling	\$82	4 surface posterior
4210	Gingivectomy	\$245	(periodontics)
3330	Molar	\$362	Root Canal
2750	Porcelain Crown	\$355	
0120	Office Visit	\$0	

2026-2027 COPAY FEE EXAMPLES In-Network (subject to change January 1st of each year)			
2331	Porcelain filling	\$88	2 surface anterior
2394	Porcelain filling	\$146	4 surface posterior
4210	Gingivectomy	\$274	periodontics)
3330	Molar	\$563	Root Canal
2750	Porcelain Crown	\$669	
0120	Office Visit	\$ 0	