



2026

Individual and Family Plan Options Overview

GrinWell Prime

Best in-class dental benefits.
Annual maximum of \$2,000 per benefit period
Orthodontic benefits for children and adults
Family coverage for about \$223* a month

Clear Plan

Know your cost of a service before going to the dentist.
No waiting periods for benefits to begin.
Pay a set fee, not a percentage
Family coverage for about \$140* a month.

Grinwell Prevent

No out-of-pocket costs for preventive services.
No copays
Unlimited annual maximums
Family coverage for about \$66* a month

Grinwell Plus

No out-of-pocket costs for preventive care.
Annual maximums increase each year for the first three years, up to \$1,500
Family coverage for about \$149* a month.

Grinwell Essential

Low copays
Pay a percentage for services like fillings and extractions
Family coverage for about \$87* a month.

Orthodontic Discount Plan

Members receive a discounted fee for adult and child orthodontic treatment.

This is a value-added service and is NOT insurance.

Why choose Delta Dental?

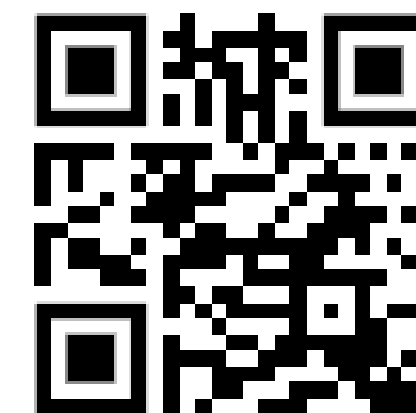
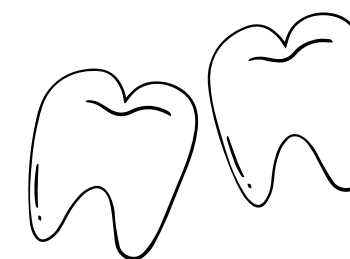
50 Years of Experience

Customer Service

Easy Claims Processing

152,000+ participating dentists

90 million clients nationwide



Visit our website!

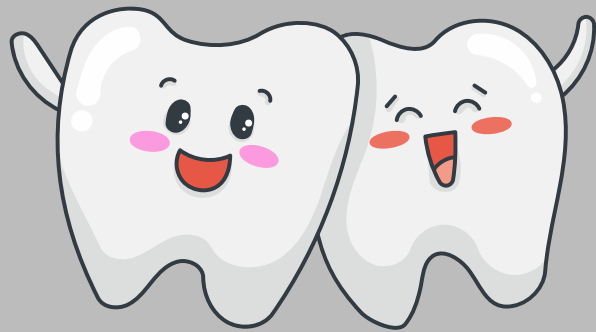
877-652-0009

*Premiums stated above are for an adult couples between the ages of 35-44 with one child.

Services highlighted in this brochure represent a partial listing of covered services. There may be limits on how many times participants can use certain services in a year. Please see Delta Dental Policies/Contracts for a full listing of benefits and services and the cost for these services, which can be found at www.deltadentalid.me.

Individual & Family Plans

Plan Benefit	GRINWELL PRIME	GRINWELL PLUS	CLEAR PLAN	GRINWELL ESSENTIAL	GRINWELL PREVENT
CLEANINGS	0%	0%	\$60 (Preventive services covered two times per year)	\$15 copay per visit, then 0%	0%
EXAMS	0%	0%			0%
BITEWING X-RAYS	0%	0%			0%
FILLINGS	20%	20%	\$90	\$15 copay, then 50%	Not covered
NON-SURGICAL EXTRACTIONS	40%	50%	\$80	\$15 copay, then 50%	Not covered
CROWNS	50%	50%	\$500	Not covered	Not covered
ROOT CANALS	40%	50%	\$400	Not covered	Not covered
IMPLANTS	50%	50%	\$1,250	Not covered	Not covered
ORTHODONTIA ADULT/CHILD	50%	50%	Not covered	Not covered	Not covered
PLAN COMPARISON					
MAXIMUM PLAN PAYS	\$2,000	Y1 \$1,000 Y2 \$1,250 Y2 \$1,500	Y1 \$1,250 Unlimited after	\$1,250	Unlimited
DEDUCTIBLE	\$0	\$0	\$0	\$0	\$0
PROCEDURE COPAY	N/A	N/A	N/A	\$15	N/A
ANNUAL CONTRACT REQUIRED	Yes	Yes	Yes	Yes	Yes
	6-MONTH WAITING PERIOD	12-MONTH WAITING PERIOD	*yearly limitations will apply		



Rates



(Premium) Age Banded	GRINWELL PRIME	GRINWELL PLUS	CLEAR PLAN	GRINWELL ESSENTIAL	GRINWELL PREVENT
0-18	\$76.23	\$47.07	\$39.78	\$29.27	\$23.06
19-24	\$66.08	\$47.07	\$39.78	\$28.73	\$23.06
25-34	\$69.60	\$48.75	\$45.30	\$28.84	\$21.64
35-44	\$73.55	\$50.77	\$49.97	\$28.84	\$21.64
45-54	\$82.81	\$57.72	\$54.53	\$29.76	\$22.59
55-64	\$88.86	\$61.71	\$58.30	\$31.81	\$23.85
65+	\$92.08	\$64.15	\$60.15	\$32.95	\$24.79

