

FOR ALL
**FULL
TIME**
EMPLOYEES

2026 AETNA DENTAL PLAN COVERAGE

DENTAL PLAN	STANDARD DENTAL	ENHANCED DENTAL
DEDUCTIBLE		
Individual »	\$50	\$50
Family »	\$150	\$150
ANNUAL MAXIMUM »	\$1,000	\$2,000
PREVENTIVE & DIAGNOSTIC »	100%	100%
BASIC RESTORATIVE / TYPE B »	75%	80%
BASIC RESTORATIVE / TYPE C »	50%	60%
ORTHODONTICS		
Lifetime Maximum »	\$1,000	\$2,000
Adult Ortho »	Not Included	Included