DENTAL PLAN

*Monthly Dental Premiums for the 2026-2027 Plan Year – **10 Mo EE***

Coverage Type:	Premium Cost
Single	$63.95
Single + Spouse	$122.14
Single + Child	$79.93
Single + Children	$86.33
Single + Family (1 Child)	$138.12
Single + Family (Children)	$144.52

Dental coverage is provided through Delta Dental and is based on a reimbursement schedule. For questions, please call 800-521-2651 or watch this video on how to sign up for online resources.

Important Health Plan Election Information:

A change in dependents coverage is only allowed during open enrollment period or if a Qualifying Event occurs during the plan year. Contact Human Resources at 324-2014 or insurance@helenaschools.org to determine if an allowable change has occurred.