



DENTAL PLAN

Monthly Dental Premiums for the 2026-2027 Plan Year – 12 MO EE

<u>Coverage Type:</u>	<u>Premium Cost</u>
Single	\$53.29
Single + Spouse	\$101.78
Single + Child	\$66.61
Single + Children	\$71.94
Single + Family (1 Child)	\$115.10
Single + Family (Children)	\$120.43

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.