

Owens Corning Health Care Comparison Chart Dental - 2025

Revised 8/1/2024	Dental A	Dental B
Customer Service	Delta Dental 1-800-524-0149	Delta Dental 1-800-524-0149
Monthly Payroll Contributions **		
Employee Only	\$14.00	\$4.00
Employee + Spouse	\$27.00	\$8.00
Employee + Child(ren)	\$29.00	\$8.00
Employee + Family	\$42.00	\$11.00
Annual Deductible **		
Employee Only	\$70.00	\$70.00
Employee + Spouse	\$210.00	\$210.00
Employee + Child(ren)	\$210.00	\$210.00
Employee + Family	\$210.00	\$210.00
Co-Pay		
Preventive Care	\$0.00	\$0.00
Basic & Major	20%	50%
Annual Maximum Benefit - Per Person	\$2,000.00	\$500.00
Orthodontia		
Copay	50% After Deductible	No Coverage
Lifetime Maximum	\$2,000.00	No Coverage
Notes:		
<p>1. Maintenance of Benefits Provision will continue to apply for purposes of coordination with another dental plan.</p> <p>2. Claim forms not required when using a Delta dentist</p> <p>* Twice per calendar year, not limited to 6 month intervals. Full mouth x-rays every 60 months</p> <p>** Subject to change with annual indexing based on dental inflation</p>		