



**Forest Lake ISD 831**  
**7/1/2026**  
**Dental Benefit Comparison**

	Delta Dental			Ameritas	BCBS		HealthPartners		MetLife	
	Current & Renewal Plan - self insured			Proposed Plan	Proposed Plan		Proposed Plan		Proposed Plan - Fully Insured	
	PPO	Premier	Out of Network	In Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Maximums	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Deductible	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family	\$25 Individual/ \$75 per family
<b>Benefits</b>										
<b>Diagnostic</b>										
Oral Exams	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
X-Rays	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Prophylaxis (Cleaning)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Topical fluoride	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%	Not Provided	Not Provided	Not Provided	Not Provided	100%	100%
Sealants	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
<b>Basic</b>										
Fillings (Amalgam)	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Fillings (Anterior Composite)	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Oral Surgery	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Periodontal Services	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
Endodontic Services (root canals)	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
<b>Major</b>										
Repairs to bridges/dentures	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Relining dentures	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Bridges	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Dentures	60%	60%	60%	60%	60%	60%	60%	60%	60%	60%
Crowns	90%	90%	90%	90%	60%	60%	90%	90%	60%	60%
<b>Orthodontic</b>										
	N/A			N/A	N/A		N/A		N/A	N/A
Lifetime Maximum	N/A			N/A	N/A		N/A		N/A	N/A
Rates	Current		Renewal							
ASO Fee	\$4.21		\$5.50	\$7.70		\$5.48		\$5.43		n/a - fully insured
Employee			\$42.41			\$48.60		\$41.42		\$42.57
Family			\$123.84			\$97.19		\$119.85		\$111.62
Rate Guarantee	24 months			24 months	24 months		12 months		12 months	
Participation Requirement				Not Provided	20% all eligible		51 employees enrolled		10 covered lives	
Notes							Includes a guarantee that the Admin Fee increase effective 7/1/2027 will not exceed 4.0%.		2nd year Rate Cap: The first year's renewal rates will not be increased by more than 7.0% above the current rates. 3rd year Rate Cap: The second year's renewal rates will not be increased by more than 7.0% above the prior plan year's rates.	