

STATE OF WISCONSIN Department of Employee Trust Funds

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Correspondence Memorandum

Date: July 30, 2025

To: Group Insurance Board

From: Douglas Wendt, Dental and Supplemental Plans Program Manager

Office of Strategic Health Policy

Subject: 2026 Supplemental Dental Premiums

This memo is for informational purposes only. No Board action is required.

The purpose of this memo is to provide an update on the premiums for the supplemental dental plans for 2026.

When the Board approved the recommendation for the current supplemental dental contract (Ref. GIB | 05.17.23 | 4), the contract included fixed premiums for years one and two and capped premium increases for year three. The 2026 plan year will be year three of the contract.

The Board-approved year three premium increase caps in the contract are:

Preventive Plan: 3%Select Plan: 0%Select Plus Plan: 3%

In reviewing plan experience, Delta Dental stated that they are seeing a cost trend increase of 4.5%. As a result, Delta Dental has opted to set 2026 plan year rates in line with the caps. Tables 1 & 2 show a comparison of premium rates from 2025 to 2026.

Table 1: Active Employee and COBRA Premiums

Group	Preventive			Select			Select Plus		
Actives	2025	2026	Change	2025	2026	Change	2025	2026	Change
EE	\$36.10	\$37.18	2.99%	\$9.08	\$9.08	0.00%	\$21.60	\$22.24	2.96%
EE+SP	N/A	N/A	N/A	\$18.16	\$18.16	0.00%	\$43.22	\$44.52	3.01%
EE+CH	N/A	N/A	N/A	\$12.24	\$12.24	0.00%	\$40.12	\$41.32	2.99%
Family	\$90.28	\$92.98	2.99%	\$21.76	\$21.76	0.00%	\$66.20	\$68.18	2.99%



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Table 2: Retiree Premiums

Group	Preventive			Select			Select Plus		
Retirees	2025	2026	Change	2025	2026	Change	2025	2026	Change
EE	\$36.10	\$37.18	2.99%	\$15.08	\$15.08	\$0.00	\$32.06	\$33.02	2.99%
EE+SP	N/A	N/A	N/A	\$30.66	\$30.66	\$0.00	\$64.10	\$66.02	3.00%
EE+CH	N/A	N/A	N/A	\$20.70	\$20.70	\$0.00	\$59.30	\$61.08	3.00%
Family	\$90.28	\$92.98	2.99%	\$36.80	\$36.80	\$0.00	\$97.78	\$100.72	3.01%

Staff will be at the Board meeting to answer any questions.