



Delta Dental PPOSM — Voluntary

Enhanced and Standard Plans
Groups with 2 – 99 subscribers

Popular flexible employer contributions | January 1, 2022

Under this plan, there are two primary choices for coverage - enhanced and standard. The voluntary plans give employers exceptional flexibility to tailor contributions levels and coverage options to meet the needs of their business and the preferences of their employees. The result is affordable coverage with features that aren't available on our individual consumer plans. Our plan offers superior access to care through the largest directly-contracted PPO dental networks in Washington State and the nation.

Coinsurance Options		Calendar Year Deductible Options (Individual/Family) Waived for Class I	Calendar Year Maximum Options	Additional Orthodontia Coverage Option: Children or Adult and Children (Minimum Group Size 10)
Delta Dental PPO Network	Delta Dental Premier [®] Network (or Non-Participating dentist*)			
Voluntary Standard		\$0/\$0	\$1,000	50% to \$1,000
100/80/50	80/70/40	\$25/\$75	\$1,500	50% to \$1,500
Voluntary Enhanced		\$50/\$150	\$2,000	
100/90/50 and 100/80/50	100/80/50 and 80/70/40			

* If non-participating charges are more than Delta Dental maximum allowable fees, the employee is responsible for paying the balance.

CLASS I:

- > Exams, Cleanings, Routine X-rays
- > Periodontal Maintenance (covered up to 4 times a year under certain qualifying circumstances)
- > Fluoride and sealant coverage for children and adults
- > Services do not accumulate toward annual maximum

CLASS II:

- > Fillings (Posterior composites covered as a standard benefit)
- > Root Canals, Periodontics (surgery & root planing); Covered as Class II for Voluntary Enhanced, Class III for Voluntary Standard
- > Extractions, Sedation, Oral Surgery
- > Fabrication of athletic mouth guard covered for dependents age 6 through 18

CLASS III:

- > Crowns, Dentures, Partials, Bridges
- > Implants

PLAN HIGHLIGHTS:

- > TMJ coverage included — \$1,000 annual maximum, \$5,000 lifetime maximum
- > No “missing tooth clause” or pre-existing conditions
- > No late entrant provisions or waiting periods
- > Dependents eligible through age 25

Please contact your Sales Executive for groups with 100 or more enrolled subscribers for plan options.

This is a summary of benefits only and does not constitute a contract. Please contact your Delta Dental sales executive for more information



Delta Dental of Washington

Delta Dental PPOSM—Voluntary

UNDERWRITING GUIDELINES:

Eligibility

- > Coverage available to employees as determined by the group

Contributions

- > No employer contribution toward employee or dependent premium required

Participation

- > For all groups: Two (2) Enrolled Employees or 20% of all Eligible Employees, which ever is the greater
- > For all groups: No minimum dependent participation requirement

Rate Guarantee

- > One-year rate guarantee



**Please contact your Sales Executive
for groups with 100 or more enrolled
subscribers for plan options.**

Small Group PPO Voluntary Plan 0921

PAGE 2

WESTERN WASHINGTON
400 Fairview Ave N, Suite 800 | Seattle WA 98109
Call 206.522.1300 or 800.367.4104 | Text: 1.833.604.1246
GroupSales@DeltaDentalWA.com

EASTERN WASHINGTON
611 N Iron Bridge Way, Suite 200 | Spokane WA 99202
Call: 509.535.1080 or 800.564.8832 | Text: 1.833.604.1246
Spokane@DeltaDentalWA.com

DeltaDentalWA.com



DELTA DENTAL

Delta Dental of Washington