



# Delta Dental PPO<sup>SM</sup>

Groups with 2 – 50 subscribers  
Best Seller | January 1, 2023

This is our most popular plan design and network. Plan benefits deliver comprehensive dental coverage including preventive, restorative and major treatments. Delta Dental PPO offers easy access to care through the largest directly-contracted PPO dental networks in Washington State and the nation. Our network size, quality and reduced treatment costs help members keep out-of-pocket costs low.

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*) Individual			
100/90/60	100/80/60	\$0/\$0	\$1,000	50% to \$1,000
100/90/50	100/80/50	\$25/\$75	\$1,500	50% to \$1,500
100/80/50	80/70/40	\$50/\$150	\$2,000	50% to \$2,000
			\$2,500	50% to \$3,000
			\$4,000*	50% to \$3,000

\* If nonparticipating 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, Extractions, Sedation, Oral Surgery
- Periodontics (surgery & root planing)
- 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

\* Available only with limited coinsurance, deductible, and orthodontia options.

**Please contact your Sales Executive for groups with 51 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 PPO<sup>SM</sup>

## UNDERWRITING GUIDELINES:

### Eligibility

- Coverage available to employees as determined by the group

### Participation

- For 2 to 9 groups: Employee participation is 100% of all eligible employees or tied to the company's medical plan; dependent participation is 50% of all eligible dependents or tied to the company's medical plan
- For 10 to 50 groups: Employee participation is 75% enrollment of all eligible employees or tied to the company's medical plan; dependent participation is 50% enrollment of all eligible dependents or tied to the company's medical plan

### Rate Guarantee

- One-year rate guarantee

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**[GroupSales@DeltaDentalWA.com](mailto:GroupSales@DeltaDentalWA.com)**

**WESTERN WASHINGTON: 206.528.5335**

**EASTERN WASHINGTON: 800.564.8832**



Small Group PPO Plan 2023

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**DELTA DENTAL<sup>®</sup>**

Delta Dental of Washington



# Delta Dental PPO<sup>SM</sup> — Voluntary

Enhanced and Standard Plans

Groups with 2 – 50 subscribers

Popular flexible employer contributions | January 1, 2023

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 <sup>®</sup> 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

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Delta Dental of Washington

# Delta Dental PPO<sup>SM</sup>—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



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**DELTA DENTAL**

Delta Dental of Washington



# Delta Dental PPO<sup>SM</sup> — Core/Buy-Up

Groups with 5 – 50 subscribers

More low cost employee choices | January 1, 2023

This plan is available exclusively for small groups, the dental plan design is a great solution for your customers with diverse workforces. There are three plan options with variations on Core and Buy-Up benefits. Each plan gives employees the opportunity to choose Core or they may "buy-up" to a higher level of benefits when they enroll.

	Option A: Buy-Up	Option A: Core	Option B: Buy-Up	Option B: Core	Option C: Buy-Up	Option C: Core
<b>Coinsurance</b>	100/80/50	80/50/0	100/80/50	100/50/0	100/90/60	100/80/50
<b>Deductible</b>	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
<b>Annual Max</b>	\$2,000	\$750	\$1,500	\$750	\$2,000	\$1,000
<b>Orthodontia coverage (optional on buy-up)</b>	Adult and Children 50% to \$1,500	Not available	Adult and Children 50% to \$1,500	Not available	Adult and Children 50% to \$1,500	Not available

*\* If nonparticipating 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, Extractions, Sedation, Oral Surgery
- Periodontics (surgery & root planing)
- Fabrication of athletic mouth guard covered for dependents age 6 through 18

## CLASS III

- Crowns, Dentures, Partials, Bridges
- Most implant-supported and abutment-supported services; implant posts excluded

## 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 51 or more enrolled subscribers for plan options.**

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Delta Dental of Washington

# Delta Dental PPO<sup>SM</sup>—Core/Buy-Up

## UNDERWRITING GUIDELINES:

### Eligibility

- Coverage available to employees as determined by the group

### Participation

- For 5 to 9 groups: Employee participation is 100% of all eligible employees or tied to company's medical plan; dependent participation is 50% of all eligible dependents or tied to company's medical plan
- For 10 to 50 groups: Employee participation is 75% enrollment of all eligible employees or tied to company's medical plan; dependent participation is 50% enrollment of all eligible dependents or tied to company's medical plan

### Rate Guarantee

- One-year rate guarantee

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Small Group Core/Buy-Up 2023

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**DELTA DENTAL**

Delta Dental of Washington



# Delta Dental PPO<sup>SM</sup> - Maximum Wellness

Our Incentive Plan - Available for Small Group - Starts at 10 or more employees | January 1, 2023

This plan delivers a comprehensive design and incentive rewards for using preventive care. Every year oral health check-ups are used annual maximum benefits are increased the following year. Rewards increase each year until the maximum threshold is reached. Should annual visits not occur during the benefit period, the annual maximum level will “step down” the following benefit period. However, the benefits will never drop below the plan’s set minimum level. Our combination of network size, incentive rewards and reduced treatment costs help your customers get in-network care while increasing their benefits and maximizing oral health.

Coinsurance Options	Calendar Year Deductible Options	Calendar Year Maximum Options*	Additional Orthodontia Coverage Options
100/80/50	\$50/\$150	\$1,000 (step up to \$1,500) or \$2,000 (step up to \$2,500) step increases of \$100 per year	Children or Adult and Children 50% to \$1500

## CLASS I

- Exams, cleanings, routine x-rays
- Periodontal maintenance
- Fluoride and sealant coverage for children and adults
- Services do not accumulate towards annual maximum

## CLASS II

- Fillings (posterior composites covered as a standard benefit)
- Root canals, extractions, sedation oral surgery
- Periodontics (surgery & root planning)
- Fabrication of athletic mouth guard covered for dependents 6 through 18

## CLASS III

- Crowns, dentures, partials, bridges
- Implants

## PLAN HIGHLIGHTS:

- TMJ coverage included - \$1,000 annual maximum, \$5000 lifetime maximum, 50% after deductible
- No late entrant provisions or waiting period
- Increase of maximum benefits through preventive care

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Delta Dental of Washington

## UNDERWRITING GUIDELINES:

### Eligibility

- Coverage available to employees as determined by the group

### Participation

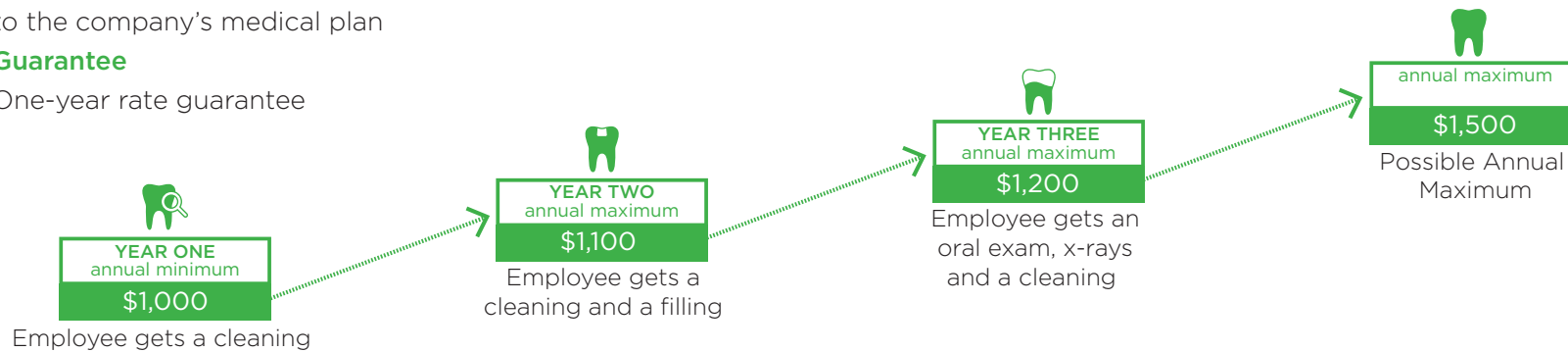
- For 10-50 groups: Employee participation is 100% of all eligible employees or tied to the company's medical plan: dependent participation is 50% of all eligible dependents or tied to the company's medical plan
- For 10-50 groups: Employee participation is 75% enrollment of all eligible employees or tied to the company's medical plan: dependent participation is 50% of all eligible dependents or tied to the company's medical plan

### Rate Guarantee

- One-year rate guarantee

## \*HOW IT WORKS:

- 1 Employee enrolls and receives a healthy checkup service or treatment during their first benefit period.
- 2 Their annual maximum increases to the next designated step the subsequent year.
- 3 They must continue to receive at least one of the required treatments during each benefit period. They will then receive the next step increase in the next benefit period until they reach the top annual maximum threshold.



Every year they get healthy checkups, their annual maximum increases! Every year they don't, their annual maximum decreases the following year. The annual maximum never falls below the set minimum.



## Want to learn more Maximum Rewards and how it can support your wellness initiatives?

### Contact your Delta Dental of Washington sales representative today.

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MAXIMUM WELLNESS-2023

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**DELTA DENTAL**

Delta Dental of Washington



# DeltaCare<sup>®</sup> Managed Care Plan



## Personalized & Affordable Care for A Healthy Smile

At Delta Dental, we believe individuals and families are worth the option of fixed price dental care that makes sense with their budget. Orthodontia for multiple family members can cost families thousands. You deserve high quality dental care with predictable built in costs so there are no unwanted billing surprises! With DeltaCare, you have access to competitive low prices with affordable orthodontia benefits.

## Outstanding Benefits of DeltaCare Managed Care Plan:

- Largest Managed Care Dental Plan in Washington State
- No annual deductibles or maximums
- Competitive low prices with affordable orthodontia benefits
- Dependable care for individuals and families
- Primary Care Dentist coordinates all referrals for specialty care; this ensures continuity of care
- Easy enrollment and administration
- Affordable coverage with no surprises
- Members are billed flat copays for services and know what the fees are upfront
- Greatest regional coverage of providers across Washington state

## What is A Managed Care Plan?

A managed care plan is a dental insurance plan that contracts with licensed dentists to provide care for members at reduced costs.

Contracted providers make up the plan's network. These are also called Health Maintenance Organizations, or HMO's, or Dental Health Maintenance Organizations (DHMO's), for dental.

Under a Managed Care Plan, you choose a Primary Care Dentist (PCD) to make sure you have personalized, reliable coverage. This provider will be your point person for all your oral health needs and can refer you to a specialist when required.



Still need help? Contact us, we're happy to help.

Call us (800) 554-1907 | DeltaCare (800) 650-1583  
Text us (833) 604-1246  
Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com)



Delta Dental of Washington

## DeltaCare® Peak Plan Highlights

<b>Cleanings and examinations</b>	<p>Nearly all preventive and diagnostic services are covered with no cost to the patient. Members must be seen by an in network primary care dentist.</p> <ul style="list-style-type: none"><li>• Exams</li><li>• X-rays</li><li>• Cleanings</li></ul>
<b>Fluoride treatments</b>	<p>Fluoride varnish treatments are covered with no age limits</p>
<b>Sealants</b>	<p>Sealants are covered with \$0 copay per tooth for both children and adults</p>
<b>Orthodontics</b>	<p>Extensive orthodontic treatment for pre-set copays.</p> <ul style="list-style-type: none"><li>• Adults and Children</li><li>• Children only</li></ul>
<b>Common procedures</b>	<p>Dental services have fixed copays.</p> <ul style="list-style-type: none"><li>• Tooth-colored fillings</li><li>• Crowns</li><li>• Root canals</li><li>• Space Maintainers</li><li>• Periodontal care</li></ul>
<b>Out of pocket costs</b>	<p>Minimum out of pocket costs:</p> <ul style="list-style-type: none"><li>• No annual maximums</li><li>• No deductibles</li><li>• Fixed copays for common services</li><li>• No waiting periods</li></ul>
<b>Choice of Primary Care Dentist</b>	<p>Choice of Primary Care Dentist (PCD) from the largest network of managed care Primary Care Dentists.*</p> <p><b>They will:</b></p> <ul style="list-style-type: none"><li>• Completes and submits all forms</li><li>• Coordinates all specialty care</li><li>• Option to change PCD monthly with a phone call</li></ul>

This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your DeltaCare Plan.

\* Members MUST choose their PCD within the first 60 days of the benefit year. If they do not, one will be chosen for them. Choices must be made by the 20th of each month to be effective the following month.

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# DeltaCare<sup>®</sup> Managed Care Plan



## Personalized & Affordable Care for A Healthy Smile

At Delta Dental, we believe individuals and families are worth the option of fixed price dental care that makes sense with their budget. Orthodontia for multiple family members can cost families thousands. You deserve high quality dental care with predictable built in costs so there are no unwanted billing surprises! With DeltaCare, you have access to competitive low prices with affordable orthodontia benefits.

## Outstanding Benefits of DeltaCare Managed Care Plan:

- Largest Managed Care Dental Plan in Washington State
- No annual deductibles or maximums
- Competitive low prices with affordable orthodontia benefits
- Dependable care for individuals and families
- Primary Care Dentist coordinates all referrals for specialty care; this ensures continuity of care
- Easy enrollment and administration
- Affordable coverage with no surprises
- Members are billed flat copays for services and know what the fees are upfront
- Greatest regional coverage of providers across Washington state

## What is A Managed Care Plan?

A managed care plan is a dental insurance plan that contracts with licensed dentists to provide care for members at reduced costs.

Contracted providers make up the plan's network. These are also called Health Maintenance Organizations, or HMO's, or Dental Health Maintenance Organizations (DHMO's), for dental.

Under a Managed Care Plan, you choose a Primary Care Dentist (PCD) to make sure you have personalized, reliable coverage. This provider will be your point person for all your oral health needs and can refer you to a specialist when required.



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Delta Dental of Washington

## DeltaCare® Base Plan Highlights

<b>Cleanings and examinations</b>	<p>Nearly all preventive and diagnostic services are covered with no cost to the patient. Members must be seen by an in network primary care dentist.</p> <ul style="list-style-type: none"> <li>• Exams</li> <li>• X-rays</li> <li>• Cleanings</li> </ul>
<b>Fluoride treatments</b>	Fluoride varnish treatments are covered with no age limits
<b>Sealants</b>	Sealants are covered with \$17 copay per tooth for both children and adults
<b>Orthodontics</b>	<p>Extensive orthodontic treatment for pre-set copays.</p> <ul style="list-style-type: none"> <li>• Adults and Children</li> <li>• Children only</li> </ul>
<b>Common procedures</b>	<p>Dental services have fixed copays.</p> <ul style="list-style-type: none"> <li>• Tooth-colored fillings</li> <li>• Crowns</li> <li>• Root canals</li> <li>• Space Maintainers</li> <li>• Periodontal care</li> </ul>
<b>Out of pocket costs</b>	<p>Minimum out of pocket costs:</p> <ul style="list-style-type: none"> <li>• No annual maximums</li> <li>• No deductibles</li> <li>• Fixed copays for common services</li> <li>• No waiting periods</li> </ul>
<b>Choice of Primary Care Dentist</b>	<p>Choice of Primary Care Dentist (PCD) from the largest network of managed care Primary Care Dentists.*</p> <p><b>They will:</b></p> <ul style="list-style-type: none"> <li>• Completes and submits all forms</li> <li>• Coordinates all specialty care</li> <li>• Option to change PCD monthly with a phone call</li> </ul>

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## Underwriting Requirements

Plan Type/Group Size	Employee Participation	Dependent Participation	Rate Guarantee
Employer Paid plans—2-9	100% or all eligible employees OR Tied to company's medical plan*	50% or more or eligible dependents OR Tied to company's medical plan*	1 Year
Employer Paid plans—10-50	75% or all eligible employees OR Tied to company's medical plan*	50% or more or eligible dependents OR Tied to company's medical plan*	
Voluntary—2-50	2 enrolled employees or 20% of all eligible employees, whichever is greater	No minimum participation	

\*All employees and dependents enrolled in the group-sponsored medical plan must be enrolled in the group-sponsored dental benefits plan.

## Underwriting General Limits: 2-50 Subscribers

Procedure	Limitations
Routine Exams	Twice per benefit period
Routine Cleaning	Twice per benefit period
Fluoride	Twice per benefit period
Sealants	Once in 2 years per tooth from date of service, no age limit
Space Maintainers	Once per lifetime, through age 17
X-Rays (bitewing)	Once per benefit period
X-Rays (full mouth)	Once in 5 years
Perio Maintenance	Twice per benefit period
Surgical Perio	Once in 3 years following specific periodontal treatment timelines
Emergency Exams	Twice per benefit period
Fillings	Once in a 2 year period from the date of service (same surface)
Stainless Steel Crowns	Once in a 2 year period from the date of service (same tooth)
Sedation	In conjunction with certain qualifying services
Simple Oral Surgery	No limitations
Complex Oral Surgery	No limitations
Endodontics (root canal)	Once in 2 years
Crowns	Once in 7 years
Bridges	Once in 7 years
Implants	Once in 7 years; excluded on PPO-Value Plans
Dentures	Once in 7 years

Refer to the contract of Delta Dental of Washington Covered Benefits for a complete listing of limitations and exclusions.

Talk to your Delta Dental of Washington sales executive to discover how our plans will work for your clients.

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Click [here](#) to access our small group forms

[Sign in](#) to your account to access Online Proposal

SG-COMPARISONS 2023

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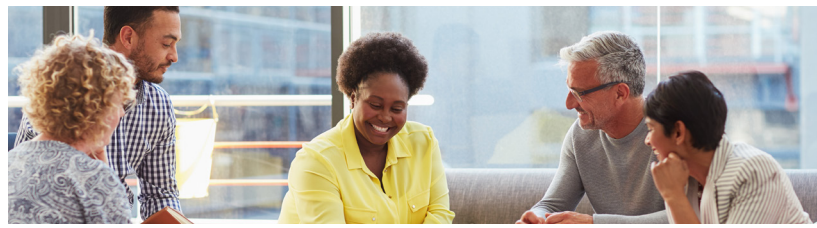


# Small Group Plans

2023 Dental Plan Comparisons



Delta Dental of Washington



# Dental Benefit Plans that Work for Small Business

Employees consistently rank dental benefits among the most important benefit options offered by their employer. Small Group plans from Delta Dental of Washington deliver superior value.

COST SHARE AND COINSURANCE OPTIONS	BEST SELLER		POPULAR FLEXIBLE EMPLOYER CONTRIBUTIONS				NEW DHMO WITH LOWEST COST	MORE LOW-COST EMPLOYEE CHOICES				NEW INCENTIVE PLAN			
	Delta Dental PPO <sup>SM</sup> — 2-50 EEs		Delta Dental PPO <sup>SM</sup> — Voluntary Standard 2-50 EEs		Delta Dental PPO <sup>SM</sup> — Voluntary Enhanced 2-50 EEs		DeltaCare 10-50 EEs	Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. A 5-50 EEs		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. B 5-50 EEs		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. C 5-50 EEs		Delta Dental PPO <sup>SM</sup> — Maximum Wellness 10-50 EEs	
	In Network	Premier/Out of Network	In Network	Premier/Out of Network	In Network	Premier/Out of Network	Premier/Out of Network	Core	Buy-Up	Core	Buy-Up	Core	Buy-Up	\$1,000 Max	\$2,000 Max
Coinsurance Levels (% Plan pays)	100/90/60 100/90/50 100/80/50	100/80/60 100/80/50 80/70/40	100/80/50	80/70/40	100/90/50 100/80/50	100/80/50 80/70/40	In Network Only see office visit copays	80/50/0	100/80/50	100/50/0	100/80/50	100/80/50	100/90/60	100/80/50	100/80/50
Annual Deductible—Individual/Family	\$0 \$25/\$75 \$50/\$150		\$0 \$25/\$75 \$50/\$150		\$0 \$25/\$75 \$50/\$150		\$0/\$25	\$50/\$150		\$50/\$150		\$50/\$150		\$50/\$150	\$50/\$150
Annual Maximum	\$1,000 \$1,500 \$2,000 \$2,500 \$4,000*		\$1,000 \$1,500 \$2,000		\$1,000 \$1,500 \$2,000		No Maximum	\$750	\$2,000	\$750	\$1,500	\$1,000	\$2,000	Start \$1,000 Top \$1,500 Increments \$100	Start \$2,000 Top \$2,500 Increments \$100
Waiting Period	NO														
Posterior Composite	YES														
Class I Exempt from Annual Maximum	YES														

\*\$4,000 annual maximum available with limited options for coinsurance (100/90/60), deductible (\$0 or \$50), and orthodontia (no ortho or Adult & Children 50% to \$3,000).

SUMMARY OF COVERED BENEFITS	Delta Dental PPO <sup>SM</sup>	Delta Dental PPO <sup>SM</sup> — Voluntary Standard	Delta Dental PPO <sup>SM</sup> — Voluntary Enhanced	DeltaCare	Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. A		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. B		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. C		Delta Dental PPO <sup>SM</sup> — Maximum Wellness
					Core	Buy-Up	Core	Buy-Up	Core	Buy-Up	
DIAGNOSTIC AND PREVENTIVE Exams twice per benefit period Cleanings twice per benefit period Routine X-rays Fluoride Sealants (primary & permanent) Space Maintainers (with limitations) Periodontic Maintenance	Class I										
Athletic Mouth Guard Fabrication	Class II			Excluded	Class II						
RESTORATIVE Restorations (fillings) Extractions Sedation Oral Surgery	Class II										
Endodontics (root canals) Periodontics (surgery & root planning)	Class II	Class III	Class II								
MAJOR Crowns Dentures Partials Bridges Occlusal Guard (conditions apply)	Class III			Excluded	Class III	Excluded	Class III	Class III	Class III	Class III	Class III
Implants	Class III			Optional	Excluded	Class III	Excluded	Class III	Class III	Class III	Class III
TMJ (\$1,000 annual max; \$5,000 lifetime)	50% after deductible										

OPTIONAL COVERAGE	Delta Dental PPO <sup>SM</sup>	Delta Dental PPO <sup>SM</sup> — Voluntary Standard	Delta Dental PPO <sup>SM</sup> — Voluntary Enhanced	DeltaCare	Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. A		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. B		Delta Dental PPO <sup>SM</sup> — Core/Buy-up Opt. C		Delta Dental PPO <sup>SM</sup> — Maximum Wellness	
ORTHODONTIA Available for groups with 10-99 enrolled employees*	Adult and Children OR Children Only 50% to \$1,000 50% to \$1,500 50% to \$2,000 50% to \$3,000	Adult and Children OR Children Only 50% to \$1,000 50% to \$1,500	Adult and Children OR Children Only 50% to \$1,000 50% to \$1,500	Copays: Adults \$2,000 and Children \$1,600	Not Available	Adult and Children 50% to \$1,500	Not Available	Adult and Children 50% to \$1,500	Not Available	Adult and Children 50% to \$1,500	No ortho or Adult & Children 50% to \$1,000	No ortho or Adult & Children 50% to \$1,000

\*Does not exclude most implant-supported and abutment-supported services.

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