

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.

GroupSales@DeltaDentalWA.com

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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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Delta Dental of Washington

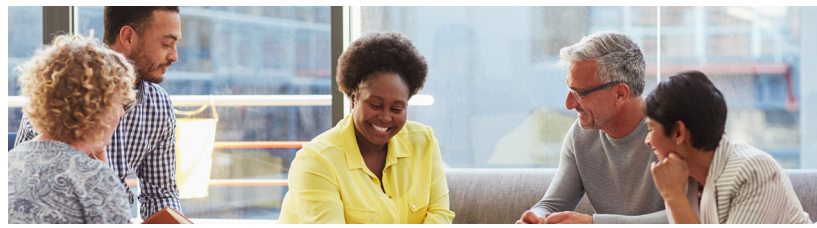


Small Group Plans

2024 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 SM 2-50 EEs		Delta Dental PPO SM — Voluntary Standard 2-50 EEs		Delta Dental PPO SM — Voluntary Enhanced 2-50 EEs		DeltaCare 10-50 EEs	Delta Dental PPO SM — Core/Buy-up Opt. A 5-50 EEs		Delta Dental PPO SM — Core/Buy-up Opt. B 5-50 EEs		Delta Dental PPO SM — Core/Buy-up Opt. C 5-50 EEs		Delta Dental PPO SM — Maximum Wellness 2-50 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 SM	Delta Dental PPO SM — Voluntary Standard	Delta Dental PPO SM — Voluntary Enhanced	DeltaCare	Delta Dental PPO SM — Core/Buy-up Opt. A		Delta Dental PPO SM — Core/Buy-up Opt. B		Delta Dental PPO SM — Core/Buy-up Opt. C		Delta Dental PPO SM — 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 SM	Delta Dental PPO SM — Voluntary Standard	Delta Dental PPO SM — Voluntary Enhanced	DeltaCare	Delta Dental PPO SM — Core/Buy-up Opt. A		Delta Dental PPO SM — Core/Buy-up Opt. B		Delta Dental PPO SM — Core/Buy-up Opt. C		Delta Dental PPO SM — 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.