



Delta Dental of Washington

AET 2024 Benefits Options

For groups of 2 or more employees

	Delta PPO Group #00154 - Option 1		Delta PPO Group #00154 - Option 2		Delta PPO Group #00156 - Option 1		Delta PPO Group #00156 - Option 2		Delta PPO Group #01067	
Annual Deductible	\$0 \$50 out of network		\$0 \$50 out of network		\$50 \$150		\$50 \$150		\$50 \$150	
Per Person - (Waived on Class I benefits)										
Family Maximum - (Waived on Class I benefits)										
Annual Maximum (Per Calendar Year)	\$1,000		\$2,000		\$1,000		\$2,000		\$750	
Class I - D&P (does not count towards annual max)	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	
	In-network	Premier Non Par	In-network	Premier Non Par	In-network	Premier Non Par	In-network	Premier Non Par	In-network	Premier Non Par
Exams	70-100%	70-100%	70-100%	70-100%	100%	80%	100%	80%	100%	80%
Cleanings										
Fluoride										
X-Rays										
Sealants										
Class II	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	
Restorative	70-100%	70-100%	70-100%	70-100%	80%	70%	80%	70%	80%	70%
Endodontic										
Periodontic										
Oral Surgery										
Class III	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	
Crowns	50%	50%	50%	50%	50%	40%	50%	40%	0%	0%
Dentures										
Partials										
Bridges										
Implants										
Surgical Perio										
Orthodontia	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	
	50%	50%	50%	50%	50%	50%	50%	50%	N/A	N/A
Family or Dep Children	\$1,000		\$1,000		\$1,000		\$1,000		N/A	
Lifetime Maximum										
TMJ	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	
	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000	
Lifetime Maximum	\$5,000		\$5,000		\$5,000		\$5,000		\$5,000	