



Delta Dental of Washington



Washington's Source for Employee Benefits

2024 PLANS

	Plan 1		Plan 2		Plan 3		Plan 4		Plan 5		Plan 6		Child only ortho	Family Ortho	Plan 7 - Voluntary		Plan 8	
	09285		09287		09282		09281		09483		09484				09614		01074	
Groups of 2+ employees													10+ employees					
Annual Deductible - Per Person / Family	\$50 / \$150		\$50 / \$150		\$0 / \$0		\$50 / \$150		\$50 / \$150		\$50 / \$150		\$0	\$0	\$50/ \$150		\$25/ \$75	
Annual Maximum	\$1,000		\$2,000		\$2,000		\$2,500		\$2,000		\$1,500		\$1,000 Lifetime Max	\$1,000 Lifetime Max	\$1,500		\$500	
Class I - Diagnostic & Preventive (Deductible Waived)													Ortho Benefit %		No ortho benefit		No ortho benefit	
	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier	50%		Preferred	Premier	Preferred	Premier
Exams, Cleanings, Fluoride, X-Rays, Sealants	80%	70%	100%	80%	100%	100%	Incentive 70-100%	Incentive 70-90%	100%	100%	100%	80%			100%		100%	100%
Class I Services do not apply toward benefit period maximum																		
Class II - Restorative																		
Restoration, Endodontics, Periodontics, Oral Surgery	80%	70%	80%	70%	90%	80%	Incentive 70-100%	Incentive 70-90%	90%	80%	80%	70%			80%		0%	0%
Crowns at Class II Incentive (Plan 4 Only)	N/A	N/A	N/A	N/A	N/A	N/A	Incentive 70-100%	Incentive 70-90%	N/A	N/A	N/A	N/A			N/A		N/A	
Class III - Major																		
Crowns, Dentures, Partial, Bridges, Implants	50%	40%	50%	40%	50%	50%	50%	40%	50%	50%	50%	40%			50%		0%	
Temporomandibular Joint Benefits																		
TMJ	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%			50%		0%	
TMJ Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000			\$1,000		\$0		
TMJ Lifetime Maximum	\$5,000		\$5,000		\$5,000		\$5,000		\$5,000		\$5,000			\$5,000		\$0		