



Delta Dental of Washington



OMNITRADE - 2024 DELTA DENTAL PLANS

	Plan A Group #00352	Plan B Group # 00776	Plan C Group # 00777	Plan D Group #00778	Plan E Incentive Group # 09446	Plan F Incentive Group # 09447	Child Ortho	Family Ortho	Plan G Voluntary Group # 09623	Plan H Group # 01073						
Annual Deductible Per Person - (Waived on Class I benefits) Family Maximum - (Waived on Class I benefits)	\$25 \$75	\$25 \$75	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150			\$50 \$150	\$50 \$150						
	\$1,000	\$2,000	\$1,500	\$2,000	\$1,500	\$2,500	Lifetime Max \$1,000	Lifetime Max \$2,000	\$1,500	\$750						
	<i>Available to Groups of 2+</i>							<i>Ortho is available for Groups of 10+ only</i>	<i>For groups of 2+ (No ortho)</i>	<i>For groups of 2+ (No ortho)</i>						
Class I - Diagnostic & Preventive <i>Class I services do not count towards the annual maximum</i>	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In-network	Out-Network	In & Out of Network	In & Out of Network						
Exams Cleanings Fluoride X-Rays Sealants	100%	100%	100%	100%	100%	80%	100%	80%	Incentive Start at 100% Down to 80%	Incentive Start at 100% Down to 80%	50%	50%	100%	100%	80%	
Class II - Restorative Restorations / Fillings Endodontics Periodontics Oral Surgery	90%	80%	90%	80%	80%	70%	80%	70%	Incentive Start at 90% Down to 70%	Incentive Start at 90% Down to 70%				80%	80%	70%
Class III - Major Crowns Dentures & Partials Bridges Implants	50%	50%	50%	50%	50%	40%	50%	40%	50%	50%				50%	0%	0%