

Delta Dental of Washington



							2	2025 PLAN	S									
	Plan 1 09285		Plan 2 09287		Plan 3 09282		Plan 4 - Max Wellness 09629		Plan 5 09483		Plan 6 09484		Child only	Family	Plan 7 - Voluntary 09614		Plan 8 01074	
													ortho	Ortho				
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		\$2000 - \$3000		\$2,000		\$1,500		\$1,000 Lifetime Max	\$1,000 Lifetime Max	\$1,500		\$500	
			Clas	ss I - Diagno	ostic & Pre	ventive (D	eductible Waive	d)					Ortho Benefit %		No ortho benefit		No ortho benefit	
	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier	Preferred	Premier			Preferred	Premier	Preferred	Premier
Exams, Cleanings, Fluoride, X-Rays, Sealants]		100%			
Class I Services do not apply toward benefit period maximum	80%	70%	100%	80%	100%	100%	100%	80%	100%	100%	100%	80%					100%	100%
					Class II -	Restorativ	_′ е											
Restoration, Endodontics, Periodontics, Oral Surgery	80%	70%	80%	70%	90%	80%	80%	80%	90%	80%	80%	70%			80%		0%	0%
Class III - Major																		
Crowns, Dentures, Partials, Bridges, Implants	50%	40%	50%	40%	50%	50%	50%	50%	50%	50%	50%	40%	50%		50%		0%	
				Temp	oromandib	ular Joint	Benefits											
TMJ	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%			50	0%	00	%
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	