



# Group Dental Plans

BENEFITS	Delta Dental PPO Plan 2 - 505 5+ Employees		Delta Dental PPO Plan 3 - 506 5+ Employees		Delta Dental PPO Plan 7 - 701 5+ Employees	
	In Network	Out of Network	In Network	Out of Network	In of Network	Out of Network
<b>Annual Deductible</b>						
• Individual (Waived on Class I Benefits)	\$50 (w)	\$50 (nw)	\$50 (w)		\$50 (w)	\$50 (nw)
• Family Maximum (Waived on Class I Benefits)	\$150 (w)	\$150 (nw)	\$150 (w)		\$150 (w)	\$150 (nw)
<b>Annual Maximum (Per Calendar Year)</b>	\$1,000		\$1,500		\$1,500	
<b>Class I</b>	Benefit %		Benefit %		Benefit %	
<b>Diagnostic &amp; Preventive</b>	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Exams • Prophys • Fluoride • X-Rays • Sealants	100%	100%	100%	80%	90%	70%
<b>Class II</b>	Benefit %		Benefit %		Benefit %	
<b>Restorative</b>	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Restorations • Endodontics • Periodontics • Oral Surgery	80%	80%	80%	70%	80%	60%
<b>Class III</b>	Benefit %		Benefit %		Benefit %	
<b>Major</b>	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Crowns • Dentures / Partial • Bridges • Implants	50%	50%	50%	40%	50%	50%
<b>TMJ - Coverage</b>	Benefit %		Benefit %		Benefit %	
<b>TMJ - B Surgical and Nonsurgical</b>	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• B Surgical and Nonsurgical • Annual maximum • Lifetime maximum	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000
<b>Optional Coverage</b>	10+ Employees Required		10+ Employees Required		10+ Employees Required	
<b>Orthodontia</b>	\$1,500 Maximum Per Person		\$1,500 Maximum Per Person		\$1,500 Maximum Per Person	

(Revised 4-02-2012)

(w) Deductible Waived on Class I Benefits

(nw) Deductible Not Waived on Class I Benefits

This is a brief summary of benefits. It is not a certificate of coverage. For full coverage provisions, including a description of limitations and exclusions, please refer to the benefits booklet or contract. Dental coverage is underwritten by Washington Dental Service. Orthodontia coverage is available for groups of 10 or more employees. There is a six month waiting period for Class III Benefits on Plans 1, 2, 3, 6 and 7 for employer groups without prior coverage. There is a six month waiting period for Class III Benefits on Plans 1, 2, 3, 6 and 7 for new employees who enroll after the group's initial effective date.

BENEFITS	Delta Dental PPO Plan 6 - 599 10+ Employees		Delta Dental PPO Plan 1 - 504 10+ Employees	
	In Network	Out of Network	In Network	Out of Network
<b>Annual Deductible</b>				
• <b>Individual</b> (Waived on Class I Benefits)	\$50 (w)	\$50 (nw)	\$50 (w)	\$50 (nw)
• <b>Family Maximum</b> (Waived on Class I Benefits)	\$150 (w)	\$150 (nw)	\$150 (w)	\$150 (nw)
<b>Annual Maximum</b> (Per Calendar Year)	\$1,200		\$2,000	
<b>Class I</b>	<b>Benefit %</b>		<b>Benefit %</b>	
<b>Diagnostic &amp; Preventive</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
• Exams • Prophys • Fluoride • X-Rays • Sealants	100%	70%	100%	100%
<b>Class II</b>	<b>Benefit %</b>		<b>Benefit %</b>	
<b>Restorative</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
• Restorations • Endodontics • Periodontics • Oral Surgery	80%	60%	80%	80%
<b>Class III</b>	<b>Benefit %</b>		<b>Benefit %</b>	
<b>Major</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
• Crowns • Dentures / Partials • Bridges • Implants	50%	50%	50%	50%
<b>TMJ - Coverage</b>	<b>Benefit %</b>		<b>Benefit %</b>	
<b>TMJ - B Surgical and Nonsurgical</b>	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
• B Surgical and Nonsurgical • Annual maximum • Lifetime maximum	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000
<b>Optional Coverage</b>	<b>10+ Employees Required</b>		<b>10+ Employees Required</b>	
<b>Orthodontia</b>	<b>\$1,500 Maximum Per Person</b>		<b>\$1,500 Maximum Per Person</b>	

(Revised 4-02-2012)

(w) Deductible Waived on Class I Benefits

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