



Group Dental Plans

 **DELTA DENTAL**
Washington Dental Service

BENEFITS	Delta Dental PPO Plan 8 - 544 2-4 Employees		Delta Dental PPO Plan 2 - 505 5+ Employees		Delta Dental PPO Plan 3 - 506 5+ Employees	
	In Network	Out of Network	In Network	Out of Network	In of Network	Out of Network
Annual Deductible						
• Individual (Waived on Class I Benefits)	\$50 (w)	\$50 (nw)	\$50 (w)	\$50 (nw)	\$50 (nw)	
• Family Maximum (Waived on Class I Benefits)	\$150 (w)	\$150 (nw)	\$150 (w)	\$150 (nw)	\$150 (nw)	
Annual Maximum (Per Calendar Year)	\$1,250	\$1,000	\$1,000		\$1,500	
Class I	Benefit %		Benefit %		Benefit %	
Diagnostic & Preventive	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Exams • Prophys • Fluoride • X-Rays • Sealants	100%	80%	100%	100%	100%	80%
Class II	Benefit %		Benefit %		Benefit %	
Restorative	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Restorations • Endodontics • Periodontics • Oral Surgery	80%	70%	80%	80%	80%	70%
Class III	Benefit %		Benefit %		Benefit %	
Major	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Crowns • Dentures / Partials • Bridges • Implants	50%	50%	50%	50%	50%	40%
TMJ - Coverage	Benefit %		Benefit %		Benefit %	
TMJ - B Surgical and Nonsurgical	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
Optional Coverage	10+ Employees Required		10+ Employees Required		10+ Employees Required	
Orthodontia	\$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.

Group Dental Plans

BENEFITS	Delta Dental PPO Plan 7 - 701 5+ Employees		Delta Dental PPO Plan 6 - 599 10+ Employees		Delta Dental PPO Plan 1 - 504 10+ Employees	
Annual Deductible	In of Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Individual (Waived on Class I Benefits)	\$50 (w)	\$50 (nw)	\$50 (w)	\$50 (nw)	\$50 (w)	\$50 (nw)
• Family Maximum (Waived on Class I Benefits)	\$150 (w)	\$150 (nw)	\$150 (w)	\$150 (nw)	\$150 (w)	\$150 (nw)
Annual Maximum (Per Calendar Year)	\$1,500		\$1,200		\$2,000	
Class I	Benefit %		Benefit %		Benefit %	
Diagnostic & Preventive	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Exams • Prophys • Fluoride • X-Rays • Sealants	90%	70%	100%	70%	100%	100%
Class II	Benefit %		Benefit %		Benefit %	
Restorative	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Restorations • Endodontics • Periodontics • Oral Surgery	80%	60%	80%	60%	80%	80%
Class III	Benefit %		Benefit %		Benefit %	
Major	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
• Crowns • Dentures / Partials • Bridges • Implants	50%	50%	50%	50%	50%	50%
TMJ - Coverage	Benefit %		Benefit %		Benefit %	
TMJ - B Surgical and Nonsurgical	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
Optional Coverage	Employees Required		10+ Employees Required		10+ Employees Required	
Orthodontia	\$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.

Need a Quote?

Call us at:

1.866.968.0545

We'll be happy to answer your questions and provide a free no-obligation quote for your business.



AAOA HEALTHCARE

10510 NE Northup Way, Suite 200
Kirkland, WA 98033

Phone: 425.968.0545 • Fax: 425.968.0547
www.aooamerica.org