

Delta Dental of Washington

P.O. Box 75983 | Seattle WA 98175-0983
206.528.5335 or 800.572.7835 x 5335

	Plan Summary	SimpleChoice®
Diagnostic & Preventive¹	Exams twice per benefit period Cleaning twice per benefit period Periodontic Maintenance Routine X-rays Fluoride Sealants (Primary and Permanent) Space Maintainers (with limitations)	Class I
Restorative	Restorations (Fillings) Endodontics (Root Canals) Periodontics (Surgery & Root Planing) Extractions Sedation Oral Surgery	Class II
Major	Crowns Dentures Partials Bridges Occlusal Guard (conditions apply) Implants	Class III
Posterior Composite Coverage		Included
Orthodontia Coverage – Adults & Children ²		Optional
Waiting Period (6-month wait for Class II and 12-month wait for Class III)		Optional
Class I – No Annual Maximum		Included
TMJ-B – Surgical & Non-Surgical \$1,000 Annual Maximum \$5,000 Lifetime Maximum		Included
Accidental Injury Coverage No Late Entrant Penalty No Missing Tooth Exclusion MySmile® Personal Benefits Center		Included

¹ The deductible is waived for Class I benefits for SimpleChoice plans. Class I services do not count toward the annual maximum.

² Orthodontia benefits are available to groups of 10+ enrolled employees.