



Delta Dental Small Group Plans

2019 Dental Plan Comparison

Employees consistently rank dental benefits among the most important benefit options offered by their employer. Small Group plans from Delta Dental of Washington deliver superior value.

Cost Share and Coinsurance Options	Delta Dental Premier®	Delta Dental PPO SM		Delta Dental PPO SM —Value		Delta Dental PPO SM —Voluntary Enhanced		Delta Dental PPO SM —Voluntary Standard		SimpleChoice®	Delta Dental PPO SM —Options		Delta Dental PPO SM —Peak Incentive (51-99 EE's)	
	In Network Only	In Network	Premier/Out of Network	In Network	Premier/Out of Network	In Network	Premier/Out of Network	In Network	Premier/Out of Network	SimpleAccess® or Out of Network	In or Out of Network	In or Out of Network	In Network	Premier/Out of Network
Coinsurance Levels—% plan pays	100/90/60 100/80/50	100/90/60 100/90/50 100/80/50	100/80/60 100/80/50 80/70/40	100/90/50 100/80/50	100/80/50 80/70/40	100/90/50 100/80/50	100/80/50 80/70/40	100/80/50	80/70/40	100/100/50 100/80/50	100/50/0	100/80/50	Maximum: 100/90/50 Minimum: 80/70/50	
Annual Deductible—Individual/Family						\$0/\$0 \$25/\$75 \$50/\$150					\$50/\$150		\$25/\$75 (Per Plan Year)	\$50/\$150 (Per Plan Year)
Annual Maximum			\$1,000 \$1,500 \$2,000 \$2,500					\$1,000 \$1,500 \$2,000			\$750	\$1,500	\$1,500 \$2,000 (Per Plan Year)	
Waiting Period			No			12 months for Class III and Ortho if no prior coverage				Optional			No	
Posterior Composite								Yes						
Class I exempt from Annual Maximum						Yes					No		Yes	

Summary of Covered Benefits	Delta Dental Premier®	Delta Dental PPO SM	Delta Dental PPO SM —Value	Delta Dental PPO SM —Voluntary Enhanced	Delta Dental PPO SM —Voluntary Standard	SimpleChoice®	Delta Dental PPO SM —Options	Delta Dental PPO SM —Peak Incentive (51-99 EE's)
Diagnostic and Preventive Exams twice per benefit period Cleanings twice per benefit period Routine X-rays Fluoride Sealants (primary & permanent) Space Maintainers (with limitations) Periodontic Maintenance						Class I		
Athletic Mouth Guard Fabrication						Class II		
Restorative Restorations (fillings) Extractions Sedation Oral Surgery						Class II		
Endodontics (root canals) Periodontics (surgery & root planing)			Class II		Class III		Class II	
Major Crowns Dentures Partials Bridges Occlusal Guard (conditions apply)				Class III			Excluded	Class III
Implants TMJ \$1,000 (\$1,000 annual max; \$5,000 lifetime)		Class III	Excluded*		Class III		Excluded	Class III
								50% after deductible

* Does not exclude most implant-supported and abutment-supported services
This is a summary of benefits only and does not constitute a contract. Please contact your Delta Dental sales executive for more information

Optional Coverage	Delta Dental Premier [®]	Delta Dental PPO SM	Delta Dental PPO SM —Value	Delta Dental PPO SM —Voluntary Enhanced	Delta Dental PPO SM —Voluntary Standard	SimpleChoice [®]	Delta Dental PPO SM —Options Core Plus		Delta Dental PPO SM —Peak Incentive (51-99 EE's)
Orthodontia Available for 10-99 groups only		Adult and Children or Children Only 50% to \$1,000 50% to \$1,500 50% to \$2,000 50% to \$3,000		Adult and Children or Children Only 50% to \$1,000 50% to \$1,500		Adult and Children Only 50% to \$1,000 50% to \$1,500 50% to \$2,000	Not Available	Adult and Children Only 50% to \$1,500	Adult and Children or Children Only 50% to \$1,500 50% to \$2,000

Underwriting Requirements

Plan Type/Group Size	Employer Contribution	Employee Participation	Dependent Participation	Rate Guarantee
Employer Paid plans—5-9	50% or more for employees No minimum contribution for dependents	100% or all eligible employees OR Tied to company's medical plan*	50% or more or eligible dependents OR Tied to company's medical plan*	1 Year
Employer Paid plans—10-99	50% or more for employees No minimum contribution for dependents	75% or all eligible employees OR Tied to company's medical plan*	50% or more or eligible dependents OR Tied to company's medical plan*	
Voluntary— 5-99	No minimum requirement	5 enrolled employees or 20% of all eligible employees	No minimum participation	

*All employees and dependents enrolled in the group-sponsored medical plan must be enrolled in the group-sponsored dental benefits plan.

Underwriting General Limits: 5-99 Subscribers

Procedure	Limitations
Routine Exams	Twice per benefit period
Routine Cleaning	Twice per benefit period
Fluoride	Twice per benefit period
Sealants	Once in 2 years per tooth from date of service, no age limit
Space Maintainers	Once per lifetime, through age 17
X-Rays (bitewing)	Once per benefit period
X-Rays (full mouth)	Once in 5 years
Perio Maintenance	Twice per benefit period
Surgical Perio	Once in 3 years following specific periodontal treatment timelines
Emergency Exams	Twice per benefit period

Procedure	Limitations
Fillings	Once in a 2 year period from the date of service (same surface)
Stainless Steel Crowns	Once in a 2 year period from the date of service (same tooth)
Sedation	In conjunction with certain qualifying services
Simple Oral Surgery	No limitations
Complex Oral Surgery	No limitations
Endodontics (root canal)	Once in 2 years
Crowns	Once in 7 years
Bridges	Once in 7 years
Implants	Once in 7 years; excluded on PPO—Value Plans
Dentures	Once in 7 years

Refer to the contract of Delta Dental of Washington Covered Benefits for a complete listing of limitations and exclusions.

Additional Requirement for PPO—Value Plan Only

Groups must accept making Automated Clearing House (ACH) payments to Delta Dental of Washington and submit a completed ACH form with a voided check.

Talk to your Delta Dental of Washington sales executive to discover how our plans will work for your clients.

Click [here](#) to access our small group forms

[Sign in](#) to your account to access Online Proposal

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Delta Dental of Washington