DELTA DENTAL® Delta Dental of Washington

Business Health Trust
Washington's Source for Employee Benefits

2027 Dental Benefits Options

	Delta PPO Group #09285		Delta PPO Group #09287		Delta PPO Group #09282		Delta PPO Group #09629		Delta PPO Group #09483		Delta PPO Group #09484		Delta PPO Group #09614		Delta PPO Group #01074	
Annual Deductible Per Person	$50		$50		$0		$50		$50		$50		$50		$0	
Family Maximum	$150		$150		$0		$150		$150		$150		$150		$0	
Annual Maximum	$1,000		$2,000		$2,000		$2000 - $3000		$2,000		$1,500		$1,500		$500	
Class I*	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**In-Network**	**Premier (Non-Par)**	**PPO Plus Premier**	**Non-Par**
Exams																
Cleanings																
Fluoride	80%	70%	100%	80%	100%	100%	100%	80%	100%	100%	100%	80%	100%	100%	100%	0%
X-Rays																
Sealants																
Class II																
Restorative																
Endodontic	80%	70%	80%	70%	90%	80%	80%	80%	90%	80%	80%	70%	80%	80%	0%	0%
Periodontic																
Oral Surgery																
Class III																
Crowns																
Dentures																
Partials	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%
Bridges																
Implants																
Surgical Perio																
TMJ																
Coverage	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	0%	0%
Annual Maximum	$1,000		$1,000		$1,000		$1,000		$1,000		$1,000		$1,000		$0	
Lifetime Maximum	$5,000		$5,000		$5,000		$5,000		$5,000		$5,000		$5,000		$0	

The plans above are for groups with 2 or more employees.

*D&P (does not count toward annual maximum)