



Delta Dental of Washington



Washington's Source for Employee Benefits

2026 Dental Benefits Options

NEW for 2026

	Plan 1 Group #09285		Plan 2 Group #09287		Plan 3 Group #09282		MaxWellness Group #09629		Plan 5 Group #09483		Plan 6 Group #09484		Plan 7 Group #09614		Plan 8 Group #01074	
<b>Annual Deductible</b> (Waived for Class I Benefits)																
Per Person	\$50		\$50		\$0		\$50		\$50		\$50		\$50		\$25	
Family Maximum	\$150		\$150		\$0		\$150		\$150		\$150		\$150		\$75	
<b>Annual Maximum</b>	\$1,000		\$2,000		\$2,000		\$2000 min to \$3000 max at \$250 a year with required care		\$2,000		\$1,500		\$1,500		\$500	
<b>Class I*</b>	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)	In-Network	Premier (Non-Par)
Exams																
Cleanings																
Fluoride	80%	70%	100%	80%	100%	100%	100%	80%	100%	100%	100%	80%	100%	100%	100%	100%
X-Rays																
Sealants																
<b>Class II</b>																
Restorative																
Endodontic	80%	70%	80%	70%	90%	80%	80%	80%	90%	80%	80%	70%	80%	80%	Not covered	
Periodontic																
Oral Surgery																
<b>Class III</b>																
Crowns																
Dentures																
Partials																
Bridges	50%	40%	50%	40%	50%	50%	50%	50%	50%	50%	50%	40%	50%	50%	Not covered	
Implants																
Surgical Perio																
<b>Orthodontia (10+ enrolled)</b>																
Orthodontia	50%	50%	50%	50%	N/A		N/A		N/A		50%	50%	50%	50%	N/A	
Family or Dep Children																
Lifetime Maximum	\$1,000		\$1,000								\$1,000		\$1,000			
<b>TMJ</b>																
Coverage	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
Annual Maximum	\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		\$1,000		Not covered	
Lifetime Maximum	\$5,000		\$5,000		\$5,000		\$5,000		\$5,000		\$5,000		\$0			

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

\*Diagnostic and Preventive Care does not count toward the annual maximum.

NOTES

Child or Family Orthodontia available for groups of 10+ employees, paid at 50% to a lifetime max of \$1,000