Delta Dental PPO Value Plan Options

Groups with 5 - 99 Subscribers

Co-Insurance Options		Calendar Year Deductible Option (Individual/Family) Waived for Class I	Calendar Year Maximum Options	Rider Options
PPO Network	**Premier Network** or Nonparticipating Dentist*			
80/80/50	70/70/40	$0/$0	$750	**Orthodontia:** Children or Adult and Children (Minimum Group Size 10) $1,000
100/80/50	80/70/40	$25/$75	$1,000	$1,500
100/90/50	100/80/50	$50/$150	$1,500	$2,000
100/90/60	100/80/60	$75/$225	$2,000	
		$100/$300	$2,500	**Posterior Composites**
			$3,000	

**If nonparticipating charges are more than WDS maximum allowable fees, the employee is responsible for paying the balance.*

Washington Dental Service Benefit Highlights:

- Cover up to four periodontal cleanings a year under certain qualifying periodontal circumstance.
- Periodontal maintenance (prophylactic root planing and scaling) covered under class II.
- Endodontic and Surgical Periodontics are covered under class III.
- Fluoride and sealant coverage for both adults and children.
- Deductible waived for class I services.
- No “missing tooth clause” or pre-existing conditions.
- No late entrant provisions or waiting periods.
- TMJ coverage included - $1,000 annual maximum and $5,000 lifetime maximum.
- Implant coverage excluded.
- Dependents are eligible for benefits through age 25.

Underwriting Guidelines:

Eligibility

- Coverage is available to employees working a minimum of 20 hours per week or 80 hours per month.

Contributions

- Employer must contribute at least 50 percent of the employee premium.
- No employer contribution is required toward the dependent premium.

Participation

- Employee participation for groups with 5 to 9 enrolled subscribers is 100 percent of all eligible employees or tied to the company’s medical plan.
- Dependent participation for groups with 5 to 9 enrolled is 100 percent of all eligible dependents.
- Employee participation for groups with 10 to 99 enrolled subscribers is 75 percent enrollment of all eligible employees.
- Dependent participation for groups with 10 to 99 enrolled subscribers is 50 percent enrollment of all eligible dependents.

Rate Guarantee

- One-year rate guarantee.

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Administrative Requirements:

- Groups must accept certificates of coverage, benefit booklets (when available), and contracts electronically.
- Groups must accept making ACH payments to Washington Dental Service.
- Group employees must enroll in MySmile and receive Explanation of Benefits electronically.
- Groups must submit a signed and completed Group Master Application, a completed Online Enrollment form and a check for the first month's premium and an Automated Clearing House (ACH) form with a voided check. All these forms must be submitted by the 20th of the month prior to the requested effective date of the plan (this time period is needed for WDS to process the application and issue a user name and passwords before starting coverage).

Please contact your Sales Executive on groups with 100 or more enrolled subscribers for plan options.