Delta Dental PPO Voluntary

Groups with 5 - 99 Subscribers

Co-Insurance Options		Calendar Year Deductible Option (Individual/Family) Applies to Class I, II & III	Calendar Year Maximum Options	Rider Options
PPO Network	Premier Network*			
80/80/50 100/80/50	70/70/40 80/70/40	$50/$150 $75/$225	$1,000 $1,500	**Orthodontia:** Children or Adult and Children (Minimum Group Size 10) $1,000 $1,500 $2,000
				Posterior Composites

**Nonparticipating dentist are paid at the premier network coinsurance levels. 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 cleanings are covered under class I.
- Endodontic and Periodontics options to cover under class II (Enhanced) or class III (Standard)
- Fluorides and sealant coverage for both adults and children.
- No “missing tooth clause” or pre-existing conditions.
- TMJ coverage included - $1,000 annual maximum and $5,000 lifetime maximum.
- Implant coverage included.
- Dependents are eligible for benefits through age 25.

Underwriting Guidelines:

Waiting Periods

- A 12 month waiting period for Class III and orthodontia if a group has not had prior coverage or for employees/dependents coming on to the plan after the initial effective date of coverage.

Eligibility

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

Contributions

- Employer does not have to contribute to the employee or dependent premium.

Participation

- Employee participation is the greater of 5 lives or 20% of all eligible employees.
- Dependent participation no minimum requirement.

Rate Guarantees

- One-year Guarantee-Premium rates may change at renewal date to be no earlier than 12 months.

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Washington Dental Service
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