



Delta Dental of Washington

# 2022 Delta Dental Individual & Family™ Plans

## Coverage you can count on.

Dental care is an important factor in your overall health. And our Individual and Family™ plans are great way to protect yours and your family's oral health for years to come. With a wide range of coverage options – each with unique features designed to fit your lifestyle – there's something for every smile and every budget.

Plus, we've teamed up with VSP® – one of the nation's most trusted vision plan providers – to bring you two great vision coverage options.

DeltaVision® - Essential 150	DeltaVision® - Brilliance 200
Affordable coverage with low copays on wellness visits, exams, and prescriptions. Cost-sharing for glasses and contacts.	100% coverage for wellness visits, exams, and prescriptions. Glasses and contacts are covered in full when seeing a VSP Network Doctor.
<b>Cost per month:</b> Individual Only - \$12.50 Individual + Spouse - \$26.25 Individual + Child(ren) - \$27.50 Individual + Spouse + Child(ren) - \$41.25	<b>Cost per month:</b> Individual Only - \$15.55 Individual + Spouse - \$32.65 Individual + Child(ren) - \$34.20 Individual + Spouse + Child(ren) - \$51.30



## Our plans at-a-glance\*:

Plan	Top Features
Premium	100% coverage for cleanings, exams, x-rays, and fluoride and a <b>high per person maximum</b> . Plus, cost-sharing on most major and restorative procedures.
Ascent	<b>No waiting period and 100% coverage for preventive care services</b> like cleanings and exams. Your loyalty is rewarded with a <b>per person maximum that increases</b> the first two years that you renew.
Enhanced	<b>100% coverage for cleanings, exams, x-rays, and fluoride.</b> And most major procedures are covered at 50%.
Clear	<b>No deductible, no waiting period, and fixed out-of-pocket expenses</b> for everything from preventive care and fillings to root canals and surgical extractions.
Basic	Our <b>lowest monthly premium</b> and 100% coverage for cleanings, checkups, and other preventive procedures.

\*For a breakdown of monthly costs and detailed plan information, see reverse side.

## 2022 Delta Dental Individual & Family™ Plans

	Premium	*New* Ascent	Enhanced	Clear	Basic
<b>Per Person Maximum Benefit</b> (per policy year)	\$2,000	\$1,000/\$1,250/\$1,500 Yr1, Yr2, Yr3	\$1,000	N/A	\$1,000
<b>Deductible</b> (per person covered on the plan)	\$100 (one-time)	\$50	\$50	\$0	\$0
<b>Preventive Care</b> (exams, cleanings, bitewing x-rays)	100% (inc. 3 exams and cleanings per year)	100%	100%	\$65	100%
<b>Office Copay</b>	\$0	\$0	\$0	\$0	\$15 per office visit
<b>Repairing Teeth</b> (crowns)	50%	50%	50%	\$740	Not Covered
<b>Replacing Teeth</b> (implants, bridges, dentures)	50%	50%	50%	\$2,600 per implant \$2,220 per 3-unit bridge \$740 per denture	Not Covered
<b>Fillings</b> (remove and repair tooth decay)	80%	50%/60%/70% Yr1, Yr2, Yr3	50%	\$115	50%
<b>Root Canals</b> (save a damaged natural tooth)	50%	50%	50%	\$535	Not Covered
<b>Periodontal Maintenance</b> (for gum disease)	50% no wait period	50%/60%/70% Yr1, Yr2, Yr3	50%	Included in Preventive Care Visit	Not Covered
<b>Nightguards</b>	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Athletic Mouthguards</b> (to protect head and teeth from injury, ages 6 to 18)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Orthodontics</b> (straightening your smile)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Waiting Period</b> – applies to some plans without prior qualifying dental coverage	Yes	No	Yes	No	Yes

This is only a partial summary of benefits for these dental plans. Please refer to the plan policy for full details of benefits, exclusions and limitations. Plan designs and rates are subject to change. There may be limits on how many times you can use certain services in a year. Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you.

On Premium, Enhanced, and Basic plans, waiting periods may be waived when transferring over from another qualifying dental plan. Wait periods do not apply to Ascent and Clear.

## 2022 Delta Dental Individual & Family™ Plans Rates

Eastern WA ZIP code range: 98801 - 99403 | Western WA ZIP code range: 98001 - 98687

2022	Premium		*New* Ascent	
	West	East	West	East
Coverage Tier	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Single	\$68.35	\$59.50	\$59.35	\$51.65
Single + Spouse	\$136.70	\$119.00	\$118.65	\$103.30
Single + Child(ren)	\$153.45	\$133.55	\$133.20	\$115.90
Single + Spouse + Child(ren)	\$221.90	\$193.10	\$192.60	\$167.60

2022	Enhanced		Basic		Clear		
	West	East	West	East		West	East
Coverage Tier	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Member Age Tier	Monthly Rate	Monthly Rate
Single	\$54.65	\$47.50	\$33.35	\$28.95	Age 0-25	\$37.60	\$26.70
Single + Spouse	\$109.20	\$95.00	\$66.70	\$57.90	Age 26-50	\$44.50	\$33.65
Single + Child(ren)	\$122.55	\$106.60	\$74.85	\$64.75	Age 51+	\$48.45	\$38.60
Single + Spouse + Child(ren)	\$177.10	\$154.10	\$108.00	\$94.60	Price per member		

I'm your local agent. Contact me today:

Agent Name:

Email:

Phone:

Apply Online:  
(copy & paste into  
your browser)

DDCM I&F/102021

To apply by phone: 877.943.8335.  
Be sure to provide the name of your broker.



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