

# Dental Plan Comparison 2017



Delta Dental of Washington

	PPO Incentive Option 1	PPO Incentive Option 2	PPO Provider Option 1	PPO Provider Option 2
<b>Class I - Diagnostic &amp; Preventive Exams, Prophyls, Fluoride, X-rays, Sealants</b>	70% - 100%	70% - 100%	100%	100%
<b>Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery</b>	70% - 100%	70% - 100%	80%	80%
<b>Class III – Major Crowns, Dentures, Partials, Bridges and Implants</b>	50%	50%	50%	50%
<b>Annual Maximum Per Person Benefit Period: (January 1 – December 31)</b>	\$1,000	\$2,000	\$1,000	\$2,000
<b>Deductible (Waived on Class I) Per person/per benefit period</b>	\$50 per Person	\$50 per Person	\$50 per Person	\$50 per Person
<b>Annual family maximum</b>	\$150 per Family	\$150 per Family	\$150 per Family	\$150 per Family

**Class 1 services exempt from annual maximum accumulation.**

## Optional Orthodontic Benefits Available:

1. 50% to \$1,000 lifetime maximum for Dependent Children Only
2. 50% to \$1,000 lifetime maximum for Adults and Dependent Children

**Please Note:** This is a brief summary of benefits only and does not constitute a contract.