

Summary of benefits

	Adult/family plan				Pediatric-only plan	
	Pediatric (18 and younger)		Adult (19 or older)		Only for those 18 and younger	
	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non- participating dentist	Delta Dental participating dentist*	Non-participating dentist
Annual maximum	Unlimited		\$1,250 \$1,000 annual TMJ maximum \$5,000 lifetime TMJ maximum		Unlimited	
Annual deductible Waived on diagnostic and preventive benefits	\$85 / child		\$50 / adult		\$85 / child	
Out-of-pocket maximum	\$350 / child \$700 / family [†]	Not applicable	Not applicable		\$350 / child \$700 / family [†]	Not applicable
Diagnostic and preventive Exams, prophylaxis, fluoride, X-rays, sealants	100%	100%	100%	100%	100%	100%
Restorative Restorations (includes posterior composites [†]), endodontics, periodontics, oral surgery**	30%	30%	50%	50%	30%	30%
Major Crowns,** dentures, partials, bridges, implants, and TMJ treatment for adults 19 or older	50%	50%	50%	50%	50%	50%
Orthodontia** (medically necessary) Coinsurance Lifetime maximum	50% Unlimited		Not covered		50% Unlimited	

Rates	Adult/family plan	Pediatric-only plan
Individual only	\$48.70	This plan bills only for the first three 18 and younger
Individual + spouse	\$97.41	1 Individual (<19) \$46.87
Individual + child(ren)	\$108.31	2 Individuals (<19) \$93.73
Individual + family	\$172.23	3 Individuals (<19) \$140.60

TMJ = temporomandibular joint

*Includes dental providers in the Delta Dental PPOSM and Delta Dental Premier[®] networks

[†]For families with two or more children

[‡]Covered for members 18 and younger

**Requires preauthorization

This is a brief summary of benefits and is not a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington. All dental plans offered and underwritten by Delta Dental of Washington.