DELTA DENTAL®

Delta Dental of Washington

2024 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 a 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® Vision Care – 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.
Cost per month: **Individual Only - $12.50** **Individual + Spouse - $26.25** **Individual + Child(ren) - $27.50** **Individual + Spouse + Child(ren) - $41.25**	**Cost per month:** **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	**High maximum, three periodontal maintenance cleanings**, and **policy lifetime deductible.**
Plus Ortho	This plan is for everybody. Mouthguard coverage for young athletes ages 6-18, teeth grinders and treating periodontal disease.Major and restorative procedures and **50% coverage on orthodontics, up to $1,500.**
Ascent	**No waiting period and 100% coverage for preventive care services** like cleanings and exams. Your loyalty is rewarded with a **per person maximum that increases** the first two years that you renew.
Enhanced	**100% coverage for cleanings, exams, x-rays, and fluoride**. And most major procedures are covered at 50%.
Clear	**No deductible, no waiting period, and fixed out-of-pocket expenses** for everything from preventive care and fillings to root canals and surgical extractions.
Basic	**Most affordable plan** that covers preventive care, fillings, and non-surgical extractions.

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

2024 Delta Dental Individual & Family™ Plans

	Premium	Plus Ortho	Ascent	Enhanced	Clear (amount you pay)	Basic
Per Person Maximum Benefit (per policy year)	**$2,000**	**$1,500** (plus shared household maximum)	**$1,000/$1,250/$1,500** Yr1, Yr2, Yr3	**$1,000**	N/A	$1,000
Deductible (per person covered on the plan)	**$100** (one-time)	**$50**	**$50**	**$50**	**$0**	**$0**
Preventive Care (exams, cleanings, bitewing x-rays)	**100%** (inc. 3 exams and cleanings per year)	**100%**	**100%**	**100%**	**$65**	**100%**
Office Copay	**$0**	**$0**	**$0**	**$0**	**$0**	**$15** per office visit
Repairing Teeth (crowns)	**50%**	**50%**	**50%**	**50%**	**$740**	Not Covered
Replacing Teeth (implants, bridges, dentures)	**50%**	**50%**	**50%**	**50%**	**$2,600** per implant **$2,220** per 3-unit bridge **$740** per denture	Not Covered
Fillings (remove and repair tooth decay)	**80%**	**50%**	**50%/60%/70%** Yr1, Yr2, Yr3	**50%**	**$115**	**50%**
Root Canals (save a damaged natural tooth)	**50%**	**50%**	**50%**	**50%**	**$535**	Not Covered
Periodontal Maintenance (for gum disease)	**50%** no wait period	**50%**	**50%/60%/70%** Yr1, Yr2, Yr3	**50%**	Included in Preventive Care Visit	Not Covered
Nightguards	Not Covered	**50%**	Not Covered	Not Covered	Not Covered	Not Covered
Athletic Mouthguards (to protect head and teeth from injury, ages 6 to 18)	Not Covered	**50%**	Not Covered	Not Covered	Not Covered	Not Covered
Orthodontics (straightening your smile)	Not Covered	**50%** ($1,500 lifetime maximum w/ 12-month waiting period)	Not Covered	Not Covered	Not Covered	Not Covered
Waiting Period – applies to some plans without prior qualifying dental coverage	Yes	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, Plus Ortho, 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.

2024 Delta Dental Individual & Family™ Plans Rates

Eastern WA ZIP code range: 98801 - 99403 | Western WA ZIP code range: 98002 - 98687

2024	Premium		Plus Ortho		Ascent	
	West	East	West	East	West	East
Coverage Tier	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Single	$72.10	$62.75	$65.60	$57.10	$62.60	$54.45
Single + Spouse	$144.20	$125.50	$131.20	$114.20	$125.10	$108.90
Single + Child(ren)	$161.85	$140.85	$147.25	$128.20	$140.45	$122.25
Single + Spouse + Child(ren)	$234.05	$203.65	$212.95	$185.30	$203.15	$176.75

2024	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	$58.50	$50.85	$35.20	$30.55	Age 0-25	$39.70	$28.15
Single + Spouse	$116.95	$101.70	$70.35	$61.05	Age 26-50	$46.95	$35.50
Single + Child(ren)	$131.25	$114.20	$78.95	$68.30	Age 51+	$51.10	$40.70
Single + Spouse + Child(ren)	$189.70	$165.05	$113.90	$99.75	Price per member		

I'm your local agent. Contact me today:

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Phone: 360) 385-4400

Apply Online:
(copy & paste into your browser) https://www.deltadentalcoversme.com/s/?agency=1743651059

DDCM I&F/2024

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

DELTA DENTAL®

Delta Dental of Washington

DeltaVision®
In Partnership with VSP®

Plan Comparison for Individual & Families

	DeltaVision® - Essential 150	DeltaVision® - Brilliance 200
Benefit frequency		
Exams & lenses	Every 12 Months	
Frames		
Contacts (in lieu of glasses)		
Copays		
WellVision Exam®	$10	$0
Prescription glasses	$10	$0
Contact lens exam (fitting and evaluation)	Up to $40	$0
In-network allowances		
Retail frame value (Included in prescription glasses copay)	$150	$200
	$80 Costco & Walmart Frame Allowance	$110 Costco & Walmart Frame Allowance
Lenses (Included in prescription glasses copay)	Single vision, lined bifocal and lined trifocal lenses and lenticular	
Covered lens enhancements	Polycarbonates for children: $0; Standard progressives: $55	Polycarbonates for children: $0; Standard progressives: $0
Contact lenses (In lieu of glasses)	$150	$200
Extra discounts and savings		
Additional glasses and sunglasses	20% savings on additional glasses and non-prescription sunglasses, including lens enhancements, from any VSP provider within 12 months of last WellVision Exam	
Routine retinal screening	Max $39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Coverage with out-of-network providers		
Not covered		
DeltaVision eligibility		
Vision benefits are only offered in conjunction with a DDWA - Delta Dental Covers Me Individual Dental Plan. All other eligibility requirements are shared with the dental plan. Current clients can add Vision coverage at the time their dental plan renews.		

Please note: This is only a partial summary of benefits for these vision plans. Please refer to the plan policy for full details of benefits, exclusions and limitations. Plan designs and rates are subject to change.

Visit us at DeltaDentalCoversMe.com. For questions, please call 877.943.8335.