



Delta Dental of Washington

# 2025 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.
<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

\*Up to the plans benefit allowance.

\*\*For a breakdown of detailed vision plan information, see page 2.

VSP is a registered trademark of Vision Service Plan.



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

Plan	Top Features
<b>Optimum</b>	<b>NEW for 2025.</b> Cost-sharing for <b>cosmetic teeth whitening and veneers.</b> Highest maximum and coverage on major procedures.
<b>Premium</b>	<b>High maximum, three periodontal maintenance cleanings, and policy lifetime deductible.</b>
<b>Plus Ortho</b>	This plan is for everybody. Mouthguard coverage for young athletes ages 6-18, teeth grinders and treating periodontal disease. Major and restorative procedures and <b>50% coverage on orthodontics, up to \$1,500.</b>
<b>Ascent</b>	<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> over the first two years that you renew.
<b>Enhanced</b>	<b>100% coverage for cleanings, exams, x-rays, and fluoride.</b> And most major procedures are covered at 50%.
<b>Clear</b>	<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.
<b>Basic</b>	<b>Most affordable plan</b> that covers preventive care, fillings, and non-surgical extractions.

\*\*\*For a breakdown of monthly costs and detailed plan information, see pages 3 & 4.



Delta Dental of Washington

## DeltaVision Plan comparison for Individual & Families

	DeltaVision <sup>®</sup> - Essential 150	DeltaVision <sup>®</sup> - Brilliance 200
<b>Benefit frequency</b>		
Exams & lenses	Every 12 months	
Frames		
Contacts (instead of glasses)		
<b>Copays</b>		
WellVision Exam <sup>®</sup>	\$10	\$0
Prescription glasses	\$10	\$0
Contact lens exam (fitting and evaluation)	Up to \$40	\$0
<b>In-network allowances</b>		
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	Impact-resistant lens enhancements for children: \$0; Standard progressives: \$55	Impact-resistant lens enhancements for children: \$0; Standard progressives, UV protection, scratch resistant coating, gradient tints: \$0
Contact lenses (instead of glasses)	\$150	\$200
<b>Extra discounts and savings</b>		
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 <sup>®</sup>	
Routine retinal screening	Max \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <sup>®</sup>	
<b>Coverage with out-of-network providers</b>		
Not covered		
<b>DeltaVision eligibility</b>		
Vision benefits are only offered in conjunction with a Delta Dental of Washington - Delta Dental Covers Me Individual Dental Plan. All other eligibility requirements are shared with the dental plan. Add a DeltaVision <sup>®</sup> plan to your new dental plan at checkout or existing dental plan at any time.		

*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.*

## 2025 Delta Dental Individual & Family™ Plans

	Optimum	Premium	Plus Ortho	Ascent	Enhanced	Clear (amount you pay)	Basic
<b>Per Person Maximum Benefit</b> (per policy year)	\$5,000	\$2,000	\$1,500 (plus shared household maximum)	\$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)	\$100 (one-time)	\$50	\$50	\$50	\$0	\$0
<b>Preventive Care</b> (exams, cleanings, bitewing x-rays)	100% (inc. 3 exams and cleanings per year)	100% (inc. 3 exams and cleanings per year)	100%	100%	100%	\$65	100%
<b>Office Copay</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$15 per office visit
<b>Repairing Teeth</b> (crowns)	60%	50%	50%	50%	50%	\$740	Not Covered
<b>Replacing Teeth</b> (implants, bridges, dentures)	60%	50%	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%	80%	50%	50%/60%/70% Yr1, Yr2, Yr3	50%	\$115	50%
<b>Root Canals</b> (save a damaged natural tooth)	60%	50%	50%	50%	50%	\$535	Not Covered
<b>Periodontal Maintenance</b> (for gum disease)	60% no wait period (three per benefit year)	50% no wait period (three per benefit year)	50%	50%/60%/70% Yr1, Yr2, Yr3	50%	Included in Preventive Care Visit	Not Covered
<b>Nightguards</b>	Not Covered	Not Covered	50%	Not Covered	Not Covered	Not Covered	Not Covered
<b>Cosmetic</b> (teeth whitening, bleaching and veneers)	50%	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
<b>Orthodontics</b> (straightening your smile)	Not Covered	Not Covered	50% (\$1,500 lifetime maximum w/ 12-month waiting period)	Not Covered	Not Covered	Not Covered	Not Covered
<b>Waiting Period</b> - applies to some plans without prior qualifying dental coverage	Yes	Yes	Yes	No	Yes	No	Yes

On Optimum, 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.

*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.*

# 2025 Delta Dental Individual & Family™ Plans Rates

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

2025	Optimum		Premium		Plus Ortho		Ascent	
	West WA	East WA	West WA	East WA	West WA	East WA	West WA	East WA
Coverage Tier	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate
Single	\$87.40	\$76.10	\$74.25	\$64.65	\$67.55	\$58.80	\$64.50	\$56.10
Single + Spouse	\$174.80	\$152.15	\$148.50	\$129.25	\$135.10	\$117.60	\$128.85	\$112.15
Single + Child(ren)	\$196.20	\$170.75	\$166.70	\$145.05	\$151.65	\$132.05	\$144.65	\$125.90
Single + Spouse + Child(ren)	\$283.70	\$246.90	\$241.05	\$209.75	\$219.35	\$190.85	\$209.25	\$182.05

2025	Enhanced		Basic		Clear		
	West WA	East WA	West WA	East WA	Member Age Tier	West WA	East WA
Coverage Tier	Monthly Rate	Monthly Rate	Monthly Rate	Monthly Rate		Monthly Rate	Monthly Rate
Single	\$60.25	\$52.35	\$36.25	\$31.45	Age 0-25	\$40.90	\$29.00
Single + Spouse	\$120.45	\$104.70	\$72.45	\$62.90	Age 26-50	\$48.35	\$36.55
Single + Child(ren)	\$135.20	\$117.60	\$81.30	\$70.35	Age 51+	\$52.65	\$41.90
Single + Spouse + Child(ren)	\$195.40	\$170.00	\$117.30	\$102.75	Price per member		

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