



Delta Dental of Washington

Northwest Benefit Alliance 2018 plan year	Delta PPO Plan 1 Group # 03857			Delta PPO Plan 2 Group # 03858			Delta PPO Plan 3 Group # 03859			Delta PPO Plan 4 Group # 03860			Ortho Child Only	Ortho Family
Annual Deductible Per Person - (Waived on Class I benefits) Family Maximum - (Waived on Class I benefits)	\$50			\$50			\$50			\$50				
Annual Maximum (Per Calendar Year)	\$150			\$150			\$150			\$150				
	\$1,000			\$1,500			\$2,000			\$2,000			Lifetime Max \$1,000	Lifetime Max \$1,000
	Available to Groups of 2 or more			Available to Groups of 2 or more			Available to Groups of 2 or more			Available to Groups of 2 or more			Groups of 10 or more	Groups of 10 or more
Class I - Diagnostic & Preventive	Benefit %			Benefit %			Benefit %			Benefit %			Benefit %	Benefit %
	In-network		Out-Network	In-network		Out-Network	In-network		Out-Network	In-network		Out-Network		
Exams Cleanings Fluoride X-Rays Sealants	100%		80%	100%		80%	100%		80%	100%		100%	50%	50%
Class II - Restorative	Benefit %			Benefit %			Benefit %			Benefit %				
Restorations Endodontics Periodontics Oral Surgery	80%		70%	80%		70%	80%		70%	90%		80%		
Class III - Major	Benefit %			Benefit %			Benefit %			Benefit %				
Crowns Dentures Partials Bridges Implants	50%		40%	50%		40%	50%		40%	50%		50%		