

Zip Code - 98101	
Effective Date - 11/01/2016	
	Date of Birth
Primary/Policyholder	10/02/1980

Delta Dental offers a choice of plans for adults and children. Carefully look at what's covered in each category as well as overall costs to find the best plan for you.

PLAN DETAIL	ENHANCED PLAN
Monthly Premium	\$50.00
Office visit copayment	None
Plan dollar maximum per person per year	\$1,000
Deductible per calendar year	\$50 per person (Does not apply to Diagnostic & Preventive services, such as cleanings and X-rays)
Dental provider network	Delta Dental PPO SM and Delta Dental Premier [®]
Out-of-network benefits available	Yes
Exchange Certified	No
Annual contract required	Yes

SUMMARY OF BENEFIT	ENHANCED PLAN
	You pay the below percentages of your dentist's charges after you pay your deductible (where required).
Cleaning	0%
Exams	0%
Bitewing X-rays	0%
Topical fluoride	0%
Sealants (per tooth)	20%
Full mouth X-rays (typically performed once every five years)	0%
Fillings	50%
Crowns	50% 12 month waiting period may apply
Fixed bridges	50% 12 month waiting period may apply
Removable dentures	50% 12 month waiting period may apply
Implants	50% 12 month waiting period may apply

SUMMARY OF BENEFIT	ENHANCED PLAN
Root canal therapy	50% 12 month waiting period may apply
Deep cleaning for gum disease	50% 12 month waiting period may apply
Surgical extractions	Not a benefit
Non-surgical extractions	50% 12 month waiting period may apply
Other oral surgery procedures to supplement medical care plan	Not a benefit
General & IV sedation	50% with covered dental surgery 12 month waiting period may apply
Treatment of dental pain in an emergency	50%

Policies are underwritten by Delta Dental of Washington, NAIC #47341, P.O. Box 75983, Seattle, WA 98115-2157.
All policies are administered by Delta Dental of Wisconsin