

## Chamber Benefit Services Fund 2019 Delta Dental Benefits Rates

BENEFITS	Plan B - PPO		Plan D - PPO		Plan E - PPO	
	<b>PPO</b>	<b>Premier</b>	<b>PPO</b>	<b>Premier</b>	<b>PPO</b>	<b>Premier</b>
	(waived class I)		(waived class I)		(waived class I)	
<b>Annual Deductible</b>						
<b>Individual</b>	<b>\$50</b>	<b>\$100</b>	<b>\$50</b>	<b>\$100</b>	<b>\$50</b>	<b>\$100</b>
<b>Family</b>	<b>\$150</b>	<b>\$300</b>	<b>\$150</b>	<b>\$300</b>	<b>\$150</b>	<b>\$300</b>
<b>Calendar Year Maximum</b>	<b>\$1,000</b>	<b>\$750</b>	<b>\$1,500</b>	<b>\$1,250</b>	<b>\$2,000</b>	<b>\$1,500</b>
<b>CLASS I</b>						
<b>Preventive &amp; Diagnostic</b>	<b>100%</b>	<b>80%</b>	<b>100%</b>	<b>80%</b>	<b>100%</b>	<b>80%</b>
Exams						
Prophys						
Floride						
X-rays						
<b>CLASS II</b>						
<b>Restorative</b>	<b>80%</b>	<b>60%</b>	<b>80%</b>	<b>60%</b>	<b>80%</b>	<b>70%</b>
Restorations						
Endodontics						
Periodontics						
Oral Surgery						
<b>CLASS III</b>						
<b>Major</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>	<b>50%</b>	<b>40%</b>
Crowns						
Dentures						
Partials						
Bridges, Implants						
Waiting Period On Major Services*	<b>6 Months*</b>		<b>6 Months*</b>		<b>6 Months*</b>	
<b>RATES</b>						
Employee	<b>\$47.96</b>		<b>\$52.15</b>		<b>\$56.84</b>	
Employee + 1 Dependent	<b>\$85.93</b>		<b>\$93.28</b>		<b>\$101.55</b>	
Employee + Family	<b>\$134.87</b>		<b>\$147.02</b>		<b>\$160.06</b>	
<b>OPTIONAL CHILD ONLY ORTHODONTIA (Must Have 5 Enrolled)</b>						
	<b>Must have 5 enrolled</b>					
<b>Coinsurance</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Waiting Period*</b>	<b>6 Months*</b>		<b>6 Months*</b>		<b>6 Months*</b>	
<b>Lifetime Maximum</b>	<b>\$1000 or \$1500</b>		<b>\$1000 or \$1500</b>		<b>\$1000 or \$1500</b>	
<b>Optional Orthodontia \$1000 Lifetime Benefit</b>						
Employee + 1 Dependent	<b>\$0.93</b>		<b>\$0.93</b>		<b>\$0.93</b>	
Employee + Family	<b>\$9.41</b>		<b>\$9.41</b>		<b>\$9.41</b>	
<b>Optional Orthodontia \$1500 Lifetime Benefit</b>						
Employee + 1 Dependent	<b>\$1.38</b>		<b>\$1.38</b>		<b>\$1.38</b>	
Employee + Family	<b>\$13.86</b>		<b>\$13.86</b>		<b>\$13.86</b>	

\* Waiting Period waived for groups with prior group coverage. Waiting period applies to new hires. Groups with 10 or more enrolled as of 1/1/2019 or at enrollment into the plan will have all waits waived.

Rates valid through December 31, 2019

All Plans available to groups of 2+ employees. (minimum of 2 unrelated employees)

Optional Orthodontial for Children for Groups of 5+ Enrolling Group's Only

Participation: 2-4 life groups all must enroll - 5+ 100% after valid waivers

\*This is only a brief description of the benefits. Refer to carrier contract for complete benefit information.

**\$3.00 Monthly Billing Fee - All Plans**

This is only a brief description of the benefits.

Refer to carrier contract for complete benefit information.

For a list of Providers go to:

[www.deltadentalwa.com/patient/public/home.aspx](http://www.deltadentalwa.com/patient/public/home.aspx)