



DENTAL PLAN COMPARISONS - 2022

Information below	Delta Dental of Washington Service (PPO)	DeltaCare 10 (DMO)* Must select a primary dentist in network	Willamette Dental (DMO)** Must go to a Willamette Clinic for coverage
Deductible Member / family	\$50 / \$150 In-Network \$100 / \$300 Out of network	N/A	N/A
	WDS: Percent indicated is the amount insurance will pay	Subscriber costs for basic services listed. Additional costs associated with optional treatments. Refer to the CoC for full details.	Amounts listed are what subscriber pays
Preventative coverage	100% In-Network 100% Out of network	Preventative: \$0 Problem focused: \$15 Sealants: \$5 per tooth	\$15 per visit
Simple extractions, surgical, fillings, and root canals	90% In-Network 80% Out of network	Fillings: \$0 (amalgam extra) Periodontal Maint: \$35 Oral surgery: \$0 - \$66 Root Canal \$100 - \$150 Osseous Surgery – \$122 - \$205 Root Planing – \$10 - \$47 Anesthesia: Local paid in full; General: \$40, Only for children 6 & younger	Fillings: \$0 Routine Extraction: \$0 Surgical Extraction: \$50 Root Canal \$50 - \$100 Osseous Surgery – \$140 Root Planing – \$0 Nitrous Oxide: \$10 Anesthesia: \$250
Crowns and bridges	60% In-Network 50% Out of network	Crowns: \$35 - \$212 Bridges: \$70 - \$212 Dentures: \$305 - \$530 Partial dentures: \$202 - \$575	Metal Crowns: \$120 Bridges: per tooth, \$120 Dentures: \$170
Annual Maximum	\$2,000 per person	Unlimited	Unlimited
Orthodontia Lifetime Maximum	For eligible children \$1,500 lifetime maximum	Unlimited for children and adults after \$1200 - \$1600 copay	Pre-Orthodontic Service - \$150 Unlimited for both adults and children after \$500 copay
Annual Rates:			
Employee	\$724	\$ 385	\$856
Employee & Spouse	\$1,484	\$ 769	\$1,727
Employee & Child(ren)	\$1,462	\$ 1,229	\$1,753
Employee & Family	\$2,222	\$ 1,614	\$2,736
	www.deltadentalwa.com	www.deltadentalwa.com	www.willamettedental.com

*Delta Care is a DMO provided by Delta Dental of Washington. Providers are private practice dentists who have agreed to the Delta Care contract. You must select a primary dentist prior to seeking services by calling (800) 650-1583.

**Willamette Dental coverage is only available through Willamette Clinics. If you go to another facility or dentist there will be no coverage.