

2025 DENTAL PLAN COMPARISON

Coverage	Delta Dental of WA (PPO)	DeltaCare 10 ¹ (DMO)	Willamette Dental ² (DMO)
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 below. Additional costs associated with option treatments. Refer to the Certificate of Coverage	Subscriber costs for services listed below.
Preventative Coverage	100% In-Network 100% Out of Network	\$0 Preventative \$15 Problem focused \$5 Sealant per tooth	\$15 per visit
Simple Extractions, Surgical, Fillings, and Root Canals	90% In-Network 80% Out of Network	\$0 Fillings (amalgam extra) \$35 Periodontal Maintenance \$66 Oral Surgery \$100 - \$150 Root Canal \$122 - \$205 Osseous Surgery \$10 - \$47 Root Planning Anesthesia: Local paid in full. General \$40 (only for children 6 & younger)	\$0 Fillings \$0 Routine Extraction \$50 Surgical Extraction \$50 - \$100 Root Canal \$140 Osseous Surgery \$0 Root Planning \$10 Nitrous Oxide \$250 Anesthesia
Crowns and Bridges	60% In-Network 50% Out of Network	\$35 - \$212 Crowns \$70 - \$212 Bridges \$305 - \$530 Dentures \$202 - \$575 Partial Dentures	\$120 Metal Crowns \$120 Bridges (per tooth) \$170 Dentures
Annual Maximum	\$2,000 per person	Unlimited	Unlimited
Orthodontia (Lifetime Maximum)	For eligible children \$1,500 lifetime maximum	Unlimited for children and adults After \$1,200 - \$1,600 copay	\$150 Pre-Orthodontic Service Unlimited for adults and children after \$500 copay

¹DeltaCare 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.

²Willamette Dental coverage is only available through Willamette Clinics. There is one in the Tri-Cities.