

Dental

offered by Delta Dental of Washington

Customer Service: (800) 554-1907

www.deltadentalwa.com

	ENHANCED PPO PLANS Member Providers
	Plan D
Deductible	No Deductible
Annual Maximum	\$2,000
Class I - Diagnostic & Preventive (Sealants covered up to age 15)	100% PPO dentists 100% Premier dentists 100% Nonparticipating dentists*
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	90% PPO dentists 80% Premier dentists 80% Nonparticipating dentists*
Class III - Major Crowns, Dentures, Partials, Bridges, and Implants	50% PPO dentists 50% Premier dentists 50% Nonparticipating dentists*
Orthodontia (Adults and Children)	50% payable to a \$2,000 lifetime maximum
* You will be responsible for any balance remaining. Please be aware that Delta Dental of Washington has no control over nonparticipating dentists' charges or billing procedures.	



Vision

Offered by Vision Service Plan

Customer Service: (800) 877-7195

www.vsp.com

	STANDARD PLAN	
Eye Examination	Exam:	100% once every 12 months
Diabetic Eyecare Plus:	Exam:	100% after \$20 Copay
Frames and Lenses	Frames:	Once every 24 months 100% after \$15 Copay <i>Frames covered up to \$140.00</i>
	Lenses:	Once every 12 months Single vision, lined bifocal, lined trifocal lenses, ultra violet protection, scratch-resistant coating, anti-reflective coating, and rimless mounting covered; Polycarbonate lenses for dependent children
Contact Lenses	Frequency:	Once every 12 months
	Fitting and evaluation:	100% after max \$60 Copay
	Lenses:	\$120 allowance for contacts
Benefit Limitations	Members may choose between the benefit of glasses or contact lenses, but not both, during any benefit plan period.	