

Dental | Delta Dental of Washington

Customer Service: (800) 544-1907

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 | Vision Service Plan

Customer Service: (800) 877-7195 www.vsp.com

TruHearing® Hearing Aid Discount Program

Offered in partnership
with Vision Service Plan

TruHearing Customer
Service: (877) 396-7194
www.truhearing.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 Frames covered up to \$150.00 \$80 allowance at Costco
	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.	