


2008/2009 DENTAL PLAN COMPARISON

	Delta Premier / Preferred	Delta Premier / Preferred	Delta Premier	Delta Preferred	
	Plan 1	Plan II	Plan III	Plan IV	
Annual Deductible Per Person - (Waived on Class I benefits) Family Maximum - (Waived on Class I benefits)	\$50	\$25	\$25	\$25	
	\$150	\$75	\$75	\$75	
Annual Maximum (Per Calendar Year)	\$1,000	\$2,000	\$2,000	\$1,500	
Class I - Diagnostic & Preventive	Benefit %	Benefit %	Benefit %	In Network	Out of Network
Exams Prophys Fluoride X-Rays Sealants	100%	100%	80%	100%	80%
Class II - Restorative	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
Restorations Endodontics Periodontics Oral Surgery	80% / 90% if PPO	80% / 90% if PPO	80%	80%	70%
Class III - Major	Benefit %	Benefit %	Benefit %	Benefit %	Benefit %
Crowns Dentures Partials Bridges Implants	50%	50%	50%	50%	40%
Class IV - Orthodontia					

This is a brief summary of benefits, it is not a certificate of coverage. For full coverage provisions, including a description of limitations and exclusions, please refer to the benefits booklet or contract. Dental coverage is underwritten by Washington Dental Service. Minimum group size is five.