



Dental Insurance Comparison Chart

This comparison chart provides a general overview of our dental plans offered to regular benefit eligible employees. The County pays the monthly premium for full-time employees working 35+ hours per week. Part-time employees working 20 - 34 hours per week are eligible, however, are required to pay [pro-rated premiums](#) based on their budgeted FTE. These plans are based on a plan year (April 1st, 2021 through March 31st, 2022).

Summary of Benefits	Delta Dental of WA PPO (00444)	Delta Dental of WA Delta Care (00114)	Willamette Dental of Washington, Inc. (WA175)
Description	This is a Preferred Provider Organization (PPO) plan, and you may visit any licensed dentist. This is also an incentive based plan. An incentive period covers 12 consecutive calendar months from April 1 st to March 31 st of each year. The incentive period is reviewed April 1 st of each year. The plan starts out by paying 70%, and payment levels increase 10% each successive incentive period in which a covered person obtains dental treatment. The payment level increases to a maximum of 100% and remains at 100% if you utilize your benefits during each consecutive incentive period. If a covered person fails to utilize benefits during an incentive period, the payment level will be decreased by 10% for each incentive period during which benefits are not used, to a minimum of 70%. Search for a dentist at www.deltadentalwa.com (Search the "Delta Dental PPO" network).	This is a managed care dental plan, and you must visit a primary care dentist (PCD) from the DeltaCare network to manage all of your dental care needs. Search for a dentist at www.deltadentalwa.com (Search the "DeltaCare" network).	Must receive care from a Willamette Dental Group dentist or specialist. With a network of over 50 offices throughout the Pacific Northwest, you're likely to find a team of highly trained, experienced dental care providers in your community.
Deductible ¹	\$50/\$150 ²	None	None
Office Visit Copay	None	None	\$10 - \$30 ⁷
Annual Maximum	\$1,750 ³	None	None
Diagnostic/Preventive	70% - 100%	\$0	\$0
Restorative	70% - 100%	\$0 - \$205	\$0 - \$275
Major	50%	\$0 - \$195	\$0 - \$275
Orthodontia	50% ⁴	\$2,000/\$1,600 ⁵	\$1,350 ⁶

1. The amount you pay per plan year before the plan begins to pay (April 1st – March 31st).
2. Deductible is \$50 per individual and \$150 per family.
3. The most the plan will pay per plan year per person.
4. The most the plan will pay over a lifetime is \$1,250 per person.
5. The most adults will pay is \$2,000; the most children will pay is \$1,600; then the plan pays the remainder.
6. Comprehensive Orthodontia Treatment - the most you will pay is \$1,350 per enrollee; then the plan pays the remainder. There is a separate \$150 Pre-Orthodontia Treatment copay. It is credited towards the Comprehensive Orthodontia Service copay if treatment is accepted.
7. \$10 office visit copay for a general visit and a \$30 office visit copay to see a specialist.

This comparison chart should not be considered a replacement for the more detailed information set forth in the plan booklets produced by each insurance company. All covered benefits are subject to the limitations, exclusions and provisions of the plan. All dollar amounts provided indicate a copay you are responsible for paying after you have met your annual deductible, if applicable. All percentages provided indicate your share for covered services after you have met your annual deductible, if applicable. If there are any discrepancies between this summary and the plan booklets, the plan booklets will govern. Visit www.snohomishcountywa.gov/965/Dental to access plan documents. Contact Delta Dental of Washington at 800-554-1907 or Willamette Dental of Washington, Inc. at 855-433-6825 for assistance.