# Summary of benefits

## Adult/family plan

<table>
<thead>
<tr>
<th>Pediatric (18 and younger)</th>
<th>Adult (19 or older)</th>
<th>Pediatric-only plan Only for those 18 and younger</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental participating dentist*</td>
<td>Delta Dental participating dentist*</td>
<td>Delta Dental participating dentist*</td>
</tr>
<tr>
<td>Non-participating dentist</td>
<td>Non-participating dentist</td>
<td>Non-participating dentist</td>
</tr>
</tbody>
</table>

### Annual maximum
- Unlimited
- $1,250
- $1,000 annual TMJ maximum
- $5,000 lifetime TMJ maximum
- Unlimited

### Annual deductible
- Waived on diagnostic and preventive benefits
- $85 / child
- $50 / adult
- $85 / child

### Out-of-pocket maximum
- $350 / child
- $700 / family†
- Not applicable
- Not applicable
- $350 / child
- $700 / family†
- Not applicable

### Diagnostic and preventive
- Exams, prophylaxis, fluoride, X-rays, sealants
- 100% 100% 100% 100% 100% 100%

### Restorative
- Restorations (includes posterior composites†), endodontics, periodontics, oral surgery**
- 30% 30% 50% 50% 30% 30%

### Major
- Crowns, dentures, partials, bridges, implants, and TMJ treatment for adults 19 or older
- 50% 50% 50% 50% 50% 50%

### Orthodontia† (medically necessary)
- Coinsurance
- Lifetime maximum
- 50% Unlimited
- Not covered
- Unlimited

## Rates

<table>
<thead>
<tr>
<th></th>
<th>Adult/family plan</th>
<th>Pediatric-only plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual only</td>
<td>$49.56</td>
<td>This plan bills only for the first three 18 and younger</td>
</tr>
<tr>
<td>Individual + spouse</td>
<td>$99.15</td>
<td>1 Individual (&lt;19) $47.38</td>
</tr>
<tr>
<td>Individual + child(ren)</td>
<td>$110.23</td>
<td>2 Individuals (&lt;19) $94.76</td>
</tr>
<tr>
<td>Individual + family</td>
<td>$175.29</td>
<td>3 Individuals (&lt;19) $142.14</td>
</tr>
</tbody>
</table>

TMJ = temporomandibular joint

*Includes dental providers in the Delta Dental PPO°° and Delta Dental Premier® networks
†For families with two or more children
‡Covered for members 18 and younger
**Requires preauthorization

This is a brief summary of benefits and is not a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington. All dental plans offered and underwritten by Delta Dental of Washington.