OLYMPIC BENEFITS TRUST

DELTA DENTAL

Delta Dental of Washington

# Olympic Benefits Trust
# 2026 Delta Dental Benefits Rates

| BENEFITS | Plan B - PPO | | Plan D - PPO | | Plan E - PPO | |
|---|---|---|---|---|---|---|
| | PPO | Premier | PPO | Premier | PPO | Premier |
| **Annual Deductible** | (waived class I) | | (waived class I) | | (waived class I) | |
| **Individual** | $50 | $100 | $50 | $100 | $50 | $100 |
| **Family** | $150 | $300 | $150 | $300 | $150 | $300 |
| **Calendar Year Maximum** | $1,000 | $750 | $1,500 | $1,250 | $2,000 | $1,500 |
| **CLASS I** | | | | | | |
| **Preventive & Diagnostic** | 100% | 80% | 100% | 80% | 100% | 80% |
| Exams | | | | | | |
| Prophys | | | | | | |
| Floride | | | | | | |
| X-rays | | | | | | |
| **CLASS II** | | | | | | |
| **Restorative** | 80% | 60% | 80% | 60% | 80% | 70% |
| Restorations | | | | | | |
| Endodontics | | | | | | |
| Periodontics | | | | | | |
| Oral Surgery | | | | | | |
| **CLASS III** | | | | | | |
| **Major** | 50% | 40% | 50% | 40% | 50% | 40% |
| Crowns | | | | | | |
| Dentures | | | | | | |
| Partials | | | | | | |
| Bridges, Implants | | | | | | |
| Waiting Period On Major Services* | 6 Months* | | 6 Months* | | 6 Months* | |
| **RATES - NO ORTHO** | | | | | | |
| Employee Only | $48.74 | | $52.93 | | $57.62 | |
| Employee + 1 Dependent | $87.91 | | $95.55 | | $103.82 | |
| Employee + Family | $138.59 | | $150.72 | | $163.75 | |
| **OPTIONAL CHILD ONLY ORTHODONTIA** | | | | | | |
| | Must have 5 enrolled to offer Ortho | | | | | |
| **Coinsurance** | 50% | 50% | 50% | 50% | 50% | 50% |
| **Waiting Perod*** | 6 Months* | | 6 Months* | | 6 Months* | |
| **Lifetime Maximum** | $1000 or $1500 | | $1000 or $1500 | | $1000 or $1500 | |
| **Optional Orthodontia $1000 Lifetime Benefit** | | | | | | |
| Employee + 1 Dependent | $0.93 | | $0.93 | | $0.93 | |
| Employee + Family | $9.24 | | $9.24 | | $9.24 | |
| **Optional Orthodontia $1500 Lifetime Benefit** | | | | | | |
| Employee + 1 Dependent | $1.39 | | $1.39 | | $1.39 | |
| Employee + Family | $13.85 | | $13.85 | | $13.85 | |

**THIS IS A LARGE GROUP PLAN, ALL GROUPS ARE SUBJECT TO COBRA**

**Rates valid through December 31, 2026**

**Plans available to groups of 2+ employees. (minimum of 2 unrelated employees)**
**Participation: 2-4 life groups all must enroll, 5+ 75% after valid waivers**

** Waiting Period waived for groups with prior group coverage. Waiting period applies to new hires except for groups with 10 or more enrolled who will have all waits waived.*

**This is only a brief description of the benefits. Refer to carrier contract for complete benefit information.*