



Delta Dental of Washington

KAVI MARKETPLACE - 2020 PLAN DESIGNS

	Plan A Group # 03875		Plan B Group # 03876		Plan C Group # 03877		Plan D Group # 03878		Ortho Child Only	Ortho Family
Annual Deductible Per Person - (Waived on Class I benefits)	\$50		\$50		\$50		\$50			
Family Maximum - (Waived on Class I benefits)	\$150		\$150		\$150		\$150			
Annual Maximum (Per Calendar Year)	\$1,000		\$1,500		\$2,000		\$2,000		Lifetime Max \$1,000	Lifetime Max \$1,000
<i>Available to Groups of 2 or more</i>									<i>For Groups of 10 or more</i>	
Class I - Diagnostic & Preventive	Benefit %		Benefit %		Benefit %		Benefit %		Benefit %	Benefit %
	In- network	Out- Network	In- network	Out- Network	In- network	Out- Network	In- network	Out- Network		
Exams Prophys Fluoride X-Rays Sealants	100%	80%	100%	80%	100%	80%	100%	100%	50%	50%
Class II - Restorative	Benefit %		Benefit %		Benefit %		Benefit %			
Restorations Endodontics Periodontics Oral Surgery	80%	70%	80%	70%	80%	70%	90%	80%		
Class III - Major	Benefit %		Benefit %		Benefit %		Benefit %			
Crowns Dentures Partials Bridges Implants	50%	40%	50%	40%	50%	40%	50%	50%		