



Employee Monthly Premium

Employee: \$0.00
 Employee / Spouse: \$33.96
 Employee / Child(ren): \$39.50
 Family: \$72.30

Washington County
 Group Number: 35267
 Benefits Effective: 1/1/2026 to 12/31/2026

SUMMARY OF COVERAGE

Deductible

Individual
 Family

Annual Benefit Maximum
 per person per calendar year

Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
\$25*	\$50*	\$50*
\$75*	\$150*	\$150*
\$1,000		

BENEFIT CATEGORIES

Diagnostic & Preventive Services

routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers

Routine & Restorative Services

cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment

Posterior Composites

tooth-colored filling on back teeth

Endodontic Services

root canals and therapy

Periodontal Services

non-surgical procedures, gum and bone diseases, surgical procedures, perio maintenance therapy

High Cost Restorations

repair crowns, crowns, recementing crowns

Prosthetics

bridges, dentures, repairs and adjustments

Implants

To GoSM

Coinsurance paid by member

Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Out-of-Network Dentist
0%	0%	0%
10%	20%	20%
10%	20%	20%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
50%	50%	50%
Annual benefit maximum carry over.		

*Deductible is waived for diagnostic and preventive care.

Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.

The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.