|  |  |
| --- | --- |
|  | C:\Users\dschober\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\DVZBIJX8\HIHIT Logo Green with White background.gif |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program # 09571** | **Option II** | | |
| **Delta Dental PPO Dentist** | **Delta Dental Premier Dentist** | **Out-of-Network**  **Dentist** |
| **Class I** – **Diagnostic & Preventive**  Exams: Covered twice in a calendar year  Cleanings: Covered twice in a calendar year; patients with advanced periodontal disease may be eligible for additional cleanings  X-rays: Bitewings are covered once per year; full mouth x-rays are covered once every five years  Sealants: Covered on an unrestored molar once in a two year period (no age limit)  Fluoride treatment: Covered twice in a calendar year (no age limit) | 100% | 100% | 100% |
| **Class II** – **Restorative**  Fillings: Covered on same tooth once every two years. Posterior (back teeth) composite (white) fillings are covered at silver filling allowance.  Periodontics: Periodontal scaling & root planing (“deep cleaning”) is covered once every three years  Endodontics: Root canals are covered once in a two year period  Oral surgery: Certain limitations may apply | 90% | 80% | 80% |
| **Class III** – **Major**  Crowns & Onlays: Covered the same tooth once every seven years  Implants: Covered once every seven years  Bridges, dentures & partials: Covered once every seven years | 50% | 50% | 50% |
| **Annual Maximum per Person**  January through December *effective/end date* | $1,500 | $1,500 | $1,500 |
| **Deductible: Waived on Class I benefits**  Per person/per benefit period  Annual family deductible maximum | $50  $150 | $50  $150 | $50  $150 |
| **TMJ - Nonsurgical & Surgical**  $1,000 Annual Maximum, $5,000 Lifetime Maximum *effective/end date* | 50% | 50% | 50% |

Important Note: There is a six month waiting period on Class III services. Participants must be enrolled in the plan for six months before coverage is provided for Class III services. This is a brief summary of benefits only.  Additional limitations and exclusions apply to this plan.  You will receive a benefits booklet that details the covered benefits, limitations and exclusions of your Delta Dental PPO dental benefits.

**Get the most from your benefits!**



**Create a MySmile® account**

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our “Find your member ID” tool makes registration easy. Visit DeltaDentalWA.com to create your account.

**Choose an in-network dentist**

Your plan gives you access to both the Delta Dental PPO℠ and the Delta Dental Premier networks. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental dentist, you won’t maximize your benefits. Your annual maximum won’t go as far and you’ll likely have greater out-of-pocket costs.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Delta Dental PPO** | **Delta Dental Premier** | **Non-Delta Dental** |
| Highest level of benefits |  |  |  |
| Benefits go farthest, which means least out-of-pockets costs |  |  |  |
| Your plan’s networks |  |  |  |
| Files claims forms for you |  |  |  |
| Comes with our quality management and cost protection |  |  |  |
| No cost protection which means greatest out-of-pocket costs |  |  |  |

Find an in-network dentist near you:

1. Visit **DeltaDentalWA.com**
2. Click on ‘Online Tools’ and use our ‘Find a Dentist’ tool

**Visit your dentist regularly**

Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

**Get out-of-pocket cost estimates**

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

**MySmile Cost Genie**℠ gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You’ll get a **Confirmation of Treatment and Cost** from us. It details your dentist’s treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.

**Have a question?**

Give us a call at 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time. We’re happy to help.