

Program # 09573

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

*This plan encourages you to use your benefits every year. One year after you use your benefits for the first time, your Class II benefit level increases by 10% each year, up to a maximum of 100%. If you don't use your benefits during a year, your Class II benefit level will decrease by 10% the following year, but it will never drop below 80%.



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 PPOSM 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
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 GenieSM 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.