

PPO Plan Effective Date 8/1/2020

Benefit Period: 1/1/2021 - 12/31/2021 Benefit Period Maximum* (ner nerson: does not apply to

Benefit Period Maximum* (per person; does not apply to Class I): \$2,000 Orthodontia—Adults & Children: 50% Lifetime Maximum (per person): \$2,000

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	
Benefit Period Deductible				
Does not apply to class 1 in network—no deductible out of network—\$50 per benefit period	\$0/\$50	\$50	\$50	
Class 1- Diagnostic & Preventative				
Exams Cleaning Fluoride X-Rays Sealants	100%	80%	80%	
Class II - Restorative				
Restorations Posterior Composite Fillings Endodontics (Root Canal) Periodontics Oral Surgery	100%	60%	60%	
Class III - Major				
Dentures Partial Dentures Implants Bridges Crowns	80%	40%	40%	

*New this year! Your Annual Maximum is the maximum amount your insurance will cover per year. For dental work over this amount, you will have to pay out of pocket except for Class I costs.

Please note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our customer service department or visit our website at DeltaDentalWA.com if you have any questions.

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 the Delta Dental PPO network. However, benefits go farthest when you visit a Delta Dental PPO dentist. Visit DeltaDentalWA.com to find a dentist in your network (learn how on the next page).

Your plan also comes with access to the Delta Dental Premier® network, which helps you find a PPO dentist outside of your area if needed. This means you can avoid higher out-of-network costs (see chart below).

More dental work is covered

Class I costs do not count toward your Annual Maximum, which means more of your Class II and III expenses are covered by insurance.

	PPO	Premier	Out-of-network
Your plan's dental network	\checkmark		
Benefits go farthest which means least out-of-pocket costs	\checkmark		
Files claims forms for you	\checkmark	\checkmark	
Comes with our quality management and cost protection	\checkmark	\checkmark	
No cost protection which means greatest out-of-pocket costs			\checkmark

Find an in-network dentist near you:

1. Visit DeltaDentalWA.com

- 2. Click on 'Online Tools' and use our 'Find a Dentist' tool
- 3. Select 'Delta Dental PPO' to filter your search results

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 your dentist. It details your treatment plan, what your benefits cover and how much you may owe your dentist for the treatment.



Have a question? We're happy to help. 800-554-1907

Monday-Friday, 7a.m. to 5p.m. PT