

**Benefit Period:** 1/1/2024-12/31/2024

**Benefit Period Maximum\***  
**(per person; does not apply to Class I):** \$2,000

**Orthodontia—Adults & Children:**  
50% with a lifetime maximum  
of \$2,000 per person

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. Call the Delta Dental customer service department at **800-554-1907** or visit [DeltaDentalWA.com](http://DeltaDentalWA.com) if you have any questions.

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
<b>Benefit Period Deductible</b>			
Does Not Apply to Class I & Orthodontia Out of Network - \$50 (Per Person)	\$0	\$50	\$50
<b>Class 1- Diagnostic &amp; Preventative</b>			
Exams Cleaning Fluoride X-Rays Sealants	100%	80%	80%
<b>Class II - Restorative</b>			
Restorations Posterior Composite Fillings Endodontics (Root Canal) Periodontics Oral Surgery	100%	60%	60%
<b>Class III - Major</b>			
Dentures Partial Dentures Implants Bridges Crowns	80%	40%	40%

**Dental Emergency:** Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.

Dental care received at a PDA dentists will be covered in full up to the \$2,000 maximum, with coinsurance waived with Class III - Major services.

# Get The Most From Your Delta Dental Benefits

## Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO network. Your benefits go the furthest when you visit a Delta Dental PPO dentist. 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.

### To find an in-network dentist near you:

1. Visit [DeltaDentalWA.com](http://DeltaDentalWA.com).
2. Click on 'Online Tools' and use the 'Find a Dentist' tool.
3. Select 'Delta Dental PPO' to filter your search results.

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

## Create a MySmile® account at DeltaDentalWA.com

Get secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates and more! The "Find your member ID" tool makes registration easy.

## 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 problems in the future.

## Get out-of-pocket cost estimates

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

- **MySmile Cost Genie<sup>SM</sup>** gives you instant cost estimates. It's great for basic treatments like fillings. Simply sign in to your MySmile account to get your personalized estimate.
- When you need extensive treatment, like a crown, ask your dentist for a "Predetermination." You will 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.



## Get a Free Sonicare Toothbrush

Delta Dental members who visit a Pacific Dental Alliance (PDA) provider as a new patient can receive a free Sonicare toothbrush.



View the complete PDA provider list: [myseiu.be/oe-pda](http://myseiu.be/oe-pda)



## Questions? Call Delta Dental 800-554-1907

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



Underwritten by Willamette Dental of Washington, Inc. This plan provides extensive coverage of services to prevent, diagnose and treat diseases or conditions of the teeth and supporting tissues. The below list gives information for some of the most common procedures covered in your plan. Visit [myseiu.be/oe-willamette](https://myseiu.be/oe-willamette) for more information. For a list of limitations and exclusions, visit [myseiu.be/willamette-exclusions](https://myseiu.be/willamette-exclusions).

Benefits	Co-pays
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Orthodontic Office Visit	No Co-pay per visit
<b>Diagnostic and Preventative Services</b>	
Routine and Emergency Exams, X-rays, Teeth Cleaning, Fluoride Treatment, Sealants (Per tooth), Head and Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Charting, Periodontal Evaluation	Covered with the Office Visit Co-pay
<b>Restorative Dentistry</b>	
Fillings (Amalgam)	Covered with the Office Visit Co-pay
Porcelain-Metal Crown	You pay a \$250 Co-pay
<b>Prosthodontics</b>	
Complete Upper or Lower Denture	You pay a \$400 Co-pay
Bridge (per Tooth)	You pay a \$250 Co-pay
<b>Endodontics &amp; Periodontics</b>	
Root Canal Therapy – Anterior	You pay a \$85 Co-pay
Root Canal Therapy – Bicuspid	You pay a \$105 Co-pay
Root Canal Therapy – Molar	You pay a \$130 Co-pay
Osseous Surgery (per Quadrant)	You pay a \$150 Co-pay
Root Planning (per Quadrant)	You pay a \$75 Co-pay
<b>Oral Surgery</b>	
Routine Extraction (Single Tooth)	Covered with the Office Visit Co-pay
Surgical Extraction	You pay a \$100 Co-pay
<b>Orthodontia Treatment</b>	
Pre-Orthodontia Treatment	You pay a \$150 Co-pay**
Comprehensive Orthodontia Treatment	You pay a \$2,500 Co-pay
<b>Dental Implant</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>Miscellaneous</b>	
Local Anesthesia	Covered with the Office Visit Co-pay
Dental Lab Fees	Covered with the Office Visit Co-pay
Nitrous Oxide	You pay a \$40 Co-pay
Specialty Office Visit	You pay a \$30 Co-pay per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$250

\*TMJ has a \$1000 annual maximum/ \$5000 lifetime maximum \*\*Co-pay credited towards the Comprehensive Orthodontia Treatment co-pay if patient accepts treatment plan. **Dental Emergency:** Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.

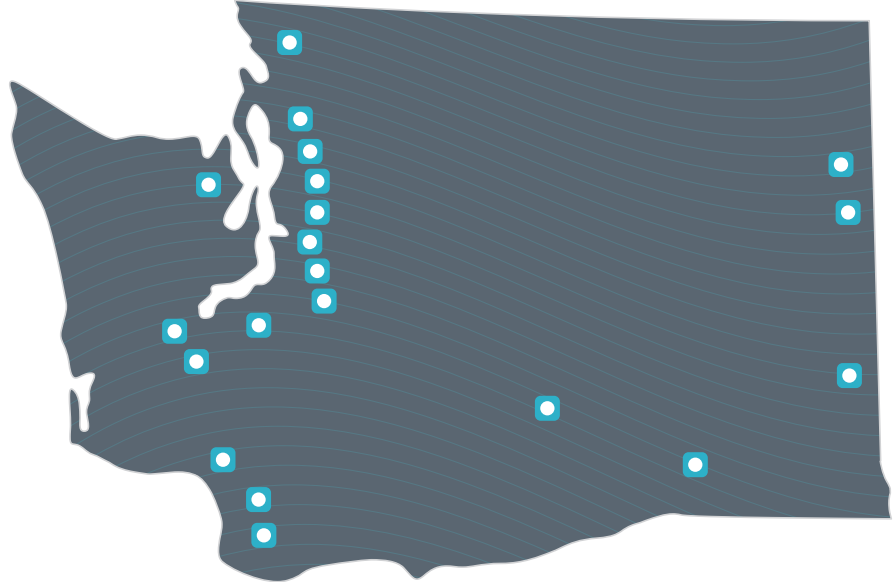
# Get The Most From Your Willamette Dental Benefits

## High-quality, Affordable Dental Coverage

With Willamette Dental, you will have no annual maximums. This means that if you need a lot of dental work, like surgery or multiple cleanings a year, your costs will continue to be covered.

## Find a Dentist Near You

Willamette Dental has many convenient locations in western Washington, making it easy for you to find a Willamette dentist if you live along the I-5 corridor. To find the dentist that is closest to you, visit [locations.willametedental.com](https://locations.willametedental.com) and enter your ZIP code into the search bar. You can also find up-to-date information about Willamette dentists, including address, directions, hours, and patient ratings and comments.



## Schedule an Appointment

Schedule your first dental appointment by calling 1-855-433-6825, Monday - Friday, 7 a.m. to 5:30 p.m. and Saturday, 7 a.m. to 1 p.m. Pacific time.



Questions? Learn more at  
[myseiu.be/oe-willamette](https://myseiu.be/oe-willamette)