

WHIT Plan G, Ortho I
Group #00655

Delta Dental PPOSM Plan Benefit Summary

Effective Date	January 1, 2024
Benefit Period	January 1, 2024 – December 31, 2024
Benefit Period Deductible Does not apply to Class I (Per Person / Per Family)	\$50/\$150
Benefit Period Maximum (Per Person) Does not apply to Class I	\$2,000
Orthodontic Lifetime Maximum Adult and Child	\$1,000 50%
TMJ Annual Maximum (Per Person) Lifetime Maximum (Per Person)	50% \$1,000 \$5,000

Dental Network			
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Class I – Diagnostic & Preventive			
Exams	100%	80%	80%
Cleaning			
Fluoride			
X-Rays			
Sealants			
Class II – Restorative			
Fillings	80%	70%	70%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
Class III – Major			
Dentures	50%	40%	40%
Occlusal (Night) Guards			
Implants			
Bridges			
Crowns			
Onlays			

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.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.

Here's some important information to help you use your benefits:

Finding a participating dentist

Under your plan, you can choose dentists from two networks: Delta Dental PPOSM or Delta Dental Premier[®]. You can find a participating, in-network, dentist in your area by visiting DeltaDentalWA.com and using our Find a Dentist tool. We recommend you select the Delta Dental PPO network to filter your search results.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

Visiting your participating, in-network, dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

Visiting a non-participating, out-of-network, dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining after we pay. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered, an estimate of what Delta Dental of Washington will pay and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

Have a question?

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