Delta Dental of Washington

Benefit Booklet Insert

Washington Technology Industry Association – Voluntary

Delta Dental PPO℠

National Coverage Plan

Plan Number: 09890 Voluntary Plan 11

Plan Changes Effective: May 1, 2025

This insert supplements your Dental Care Service Contract with Delta Dental of Washington.

This notice forms part of and must be read together with your Benefits Booklet.

Your Benefit Booklet wording is amended as detailed on the following page(s). All other terms and conditions remain unchanged.

Benefit Booklet Insert

Group Number: 09880 Voluntary Plan 11
Group Name: Washington Technology Industry Association – Voluntary

The revisions to your Benefit Booklet outlined below represent changes to your benefits and/or changes to how your plan is administered.

New language is underlined and deleted language is shown with a ~~strike through it~~, unless otherwise noted

Benefit Changes

None

Plan Administration Changes

Effective 05/01/2025, group has revised their Contract Term from December 1, 2024 – ~~November 30~~ December 31, 2026.