

DENTAL BENEFITS GUIDE



Welcome to your employer-sponsored dental coverage! Don't know where to start? No problem!

Taking charge of your oral health can directly impact your overall health. So, follow these 4 simple steps to a healthy, happy smile.

For more information, check out our Dental Benefits Guide online at:
<https://www.deltadentalwa.com/dental-benefits-guide>

1 SIGN UP FOR MYSMILE® TO PUT YOUR DENTAL BENEFITS IN THE PALM OF YOUR HAND!

What's MySmile®? It's how you use your benefits!

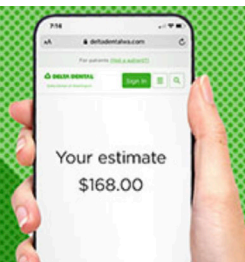
This easy-to-use online tool is the best way to access your coverage – anytime, anywhere.

Not only will you get a simple breakdown of your benefits, but you'll have access to a whole host of online tools and resources, including:

- Find a Dentist
- Cost Estimator
- Digital ID Card
- Benefit information including usage, claims status, and coverage overview
- And more!

And the best part? Signing up is free and easy. Learn more at: [deltadentalwa.com/mysmile](https://www.deltadentalwa.com/mysmile)

GET STARTED WITH MYSMILE®



2 FINDING A DENTIST THAT'S RIGHT FOR YOU HAS NEVER BEEN EASIER.

Use our Find a Dentist™ tool to search for an in-network provider. It's as easy as 1-2-3.

Looking for a dentist close to home, one that has great patient recommendations, or hours that work with your schedule?

Log into MySmile® to generate results based on your specific network: deltadentalwa.com/mysmile

WHY CHOOSE AN IN-NETWORK DENTIST?

Because it's one of the best ways to get the most value out of your coverage!

Plus, in-network dentists will:

- Provide treatment according to each plan's specific guidelines
- Agree to accept lower fees
- File all claim forms for you

In other words: **it's cheaper and easier for you.** Now that's something to smile about.



3 LEARN HOW PREVENTIVE DENTAL CARE CAN HELP YOU STAY HEALTHY FROM HEAD-TO-TOE.

Good oral habits go beyond just simple brushing and flossing. Visit your dentist for regular cleanings and checkups, to keep on top of oral health issues – before they get out of control. It can save you quite a bit of moolah down the road.

And the benefits of good oral health don't stop at your pocketbook. Did you know that certain conditions like heart disease, pregnancy, diabetes, and even Alzheimer's are often first detected by your dentist?



HEART DISEASE



PREGNANCY



DIABETES



ALZHEIMER'S

Many of our plans cover preventative care visits at 100% with no out-of-pocket cost, so you can be sure you're taken care of from head to toe.

Learn more at: <https://www.DeltaDentalWA.com/blog>

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THE 5 DENTAL BENEFIT TERMS YOU NEED TO KNOW

Dental benefit terms got you scratching your head? Well, have no fear! We've compiled a list of the 5 most common terms you'll come across and we're breaking them down below.



ANNUAL MAXIMUM

The total dollar amount your plan pays for your dental care within one benefit period. So, if your annual maximum is \$2500, your plan pays a total of \$2500 for the year. You are responsible for paying costs above the annual maximum directly to your dentist.

For many plans, preventive and diagnostic services don't count toward your annual maximum. This means you won't pay out-of-pocket costs for services like cleanings and x-rays, regardless of whether or not you've reached your annual maximum.

When your benefit year is over, your annual maximum resets for the new year.



COINSURANCE

The **amount you are responsible for paying toward your dental bill after we've paid our portion.**

Coinsurance is usually expressed in a percentage.

For example, let's say your plan covers fillings at 80% of the total cost. That means we'll pay your dentist 80% of the total cost of the filling and you are responsible for the remaining 20%.



DEDUCTIBLE

The amount you must pay out-of-pocket before your plan starts covering your bill.

So, let's say you receive a bill for \$1000 and your plan's deductible is \$250. You're responsible for paying that \$250 before your plan will pay the difference.

Many plans waive the deductible for services like cleanings or x-rays. So, check your plan details to see if you can get a check-up with no out-of-pocket costs.

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THE 5 DENTAL BENEFIT TERMS YOU NEED TO KNOW (CONTINUED)



CONFIRMATION OF TREATMENT AND COSTS (COTC)

If you need major dental work, ask your dentist for a pre-treatment estimate.

After they contact us, we'll outline how much of the costs your plan will cover.

This document is called a Confirmation of Treatment and Cost or COTC.

This will give you an idea of what your treatment will cost, how much your plan will cover, and what your out-of-pocket costs might be.

Note: COTCs are only good for 180 days, after that, be sure to get an updated one before you have dental work done.



EXPLANATION OF BENEFITS (EOB)

The document you receive after your treatment is called an Explanation of Benefits or EOB.

Your EOB is not a bill. Instead, this document shows you how much of your coverage was applied to your treatment, how much coverage you have left, and the amount, if any, out-of-pocket costs you must pay.



**FOR MORE INFORMATION OR TO REVIEW YOUR COVERAGE,
LOG INTO MYSMILE® AT [DELTADENTALWA.COM/MYSMILE](https://www.deltadentalwa.com/mysmile)**

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Still need help? Contact us, we're happy to help.

Call us 800.554.1907

Text us 833.604.1246

Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com)



Delta Dental of Washington