



## Dental 750 with Orthodontia Delta Dental Program #09885

| <b>Calendar Year Deductible – Waived on Class I</b> <ul style="list-style-type: none"><li>Per Individual</li><li>Family Maximum</li></ul> | \$0<br>\$0                             |                                           |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------------------------|
| <b>Calendar Year Maximum</b> <ul style="list-style-type: none"><li>Applies Only to Class II &amp; Class III</li></ul>                     | \$750                                  |                                           |                        |
| <b>Orthodontia</b> <ul style="list-style-type: none"><li>Adult &amp; Child Coverage</li><li>Lifetime Maximum</li></ul>                    | 50%<br>\$1000                          |                                           |                        |
|                                                                                                                                           | Dental Network                         |                                           |                        |
|                                                                                                                                           | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Out of Network Dentist |
| Class I – Diagnostic & Preventive                                                                                                         |                                        |                                           |                        |
| Exams                                                                                                                                     | 100%                                   | 100%                                      | 100%                   |
| Cleaning                                                                                                                                  |                                        |                                           |                        |
| Fluoride                                                                                                                                  |                                        |                                           |                        |
| X-Rays                                                                                                                                    |                                        |                                           |                        |
| Sealants                                                                                                                                  |                                        |                                           |                        |
| Class II – Restorative                                                                                                                    |                                        |                                           |                        |
| Fillings                                                                                                                                  | 80%                                    | 80%                                       | 80%                    |
| Endodontics                                                                                                                               |                                        |                                           |                        |
| Periodontics                                                                                                                              |                                        |                                           |                        |
| Oral Surgery                                                                                                                              |                                        |                                           |                        |
| General Anesthesia/IV Sedation                                                                                                            |                                        |                                           |                        |
| Class III – Major                                                                                                                         |                                        |                                           |                        |
| Dentures                                                                                                                                  | 50%                                    | 50%                                       | 50%                    |
| Partial Dentures                                                                                                                          |                                        |                                           |                        |
| Bridges                                                                                                                                   |                                        |                                           |                        |
| Crowns                                                                                                                                    |                                        |                                           |                        |
| Implants                                                                                                                                  |                                        |                                           |                        |

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 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](http://DeltaDentalWA.com) to create your account.

### Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO<sup>SM</sup> network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won't maximize your benefits. Your annual maximum won't go as far, and you'll likely have greater out-of-pocket costs.

|                                                             | Delta Dental PPO | Delta Dental Premier | Non-Delta Dental |
|-------------------------------------------------------------|------------------|----------------------|------------------|
| Your plan's 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 |                  |                      | ✓                |

Find an in-network dentist near you:

1. Visit [DeltaDentalWA.com](http://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 Genie<sup>SM</sup>** gives you instant, cost estimates. It's great for basic treatments like fillings. Simply sign into 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 us. It details your dentist's treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



### Still have questions? Contact us, we're happy to help.

Call 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time

Text 833.604.1246, Monday – Friday from 7am to 5pm, Pacific Time

Visit [DeltaDentalWA.com](http://DeltaDentalWA.com)