



## DENTAL BENEFITS

The company offers two levels of dental coverage through Delta Dental of Washington. Your dental coverage costs are shared with the company. The level of coverage you select will depend on the level of treatment you and your family require. The plan provides coverage for

Preventive/Diagnostic Services, Basic Services, Major Services and Orthodontia. It gives you the freedom to receive care from a participating Delta PPO Network, Delta Premier Network dentist or from any dentist of your choosing. Services provided by Delta Dental PPO

### DENTAL PLAN SUMMARY

BASIC	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	NONPARTICIPATING DENTIST
	Dentists may NOT balance bill.	Dentists may NOT balance bill.	Dentists may balance bill.
<b>Class I - Diagnostic &amp; Preventive</b> Exams, prophylaxis, fluoride, x-rays, sealants	80%	80%	80%
<b>Class II - Restorative</b> Restorations, endodontics, periodontics, oral surgery	80%	80%	80%
<b>Class III - Major</b> Crowns, dentures, partials, bridges, implants	50%	50%	50%
<b>Annual Maximum</b>	\$1,000	\$1,000	\$1,000
<b>Annual Deductible</b> Per person – waived for Class I Family maximum	No deductible	\$50 \$150	\$50 \$150
<b>Orthodontia Benefit – Adult &amp; Children</b> Coinsurance level Lifetime maximum	Not covered	Not covered	Not covered
<b>TMJ Plan B – Surgical &amp; NonSurgical</b> Coinsurance level Annual maximum Lifetime maximum	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000



or Premier dentists are based upon a negotiated fee schedule. This means if you incur any out-of-pocket costs, they will be based on the Delta negotiated fees and not the dentist's actual charge. However, if you choose to go to an out-of-network dentist, not only will you pay your

share of coinsurance and/or deductible, you may also pay the balance bill—the difference between what Delta says is the reasonable and customary cost and what the dentist actually charges. It is further incentive for you to use participating dentists.

## DENTAL PLAN SUMMARY

BUY-UP	DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	NONPARTICIPATING DENTIST
	Dentists may NOT balance bill.	Dentists may NOT balance bill.	Dentists may balance bill.
<b>Class I - Diagnostic &amp; Preventive</b> Exams, prophylaxis, fluoride, x-rays, sealants	100%	100%	100%
<b>Class II - Restorative</b> Restorations, endodontics, periodontics, oral surgery	80%	80%	80%
<b>Class III – Major</b> Crowns, dentures, partials, bridges, implants	50%	50%	50%
<b>Annual Maximum</b>	\$1,500	\$1,500	\$1,500
<b>Annual Deductible</b> Per Person – waived for Class I Family maximum	No deductible	\$50 \$150	\$50 \$150
<b>Orthodontia Benefit – Adult &amp; Children</b> Coinsurance level Lifetime maximum	50% \$1,000	50% \$1,000	50% \$1,000
<b>TMJ Plan B – Surgical &amp; NonSurgical</b> Coinsurance level Annual maximum Lifetime maximum	50% \$1,000 \$5,000	50% \$1,000 \$5,000	50% \$1,000 \$5,000