





# Port of Seattle Group #09201

## Delta Dental PPO™ Plan Benefit Plans Comparison Summary

Effective Date	January 1, 2025								
Benefit Period	January 1, 2025 – December 31, 2025								
		Core Plan		Enhanced Plan					
Benefit Period Deductible (Per person/Per family)		\$0/\$0		\$0/\$0					
Benefit Period Maximum Class I Services do not apply toward benefit period maximum	\$2,000			\$3,000					
TMJ (Per Person) Annual/Lifetime Maximum	50% \$1,000/\$5,000			50% \$1,000/\$5,000					
Orthodontia Lifetime Max (Per Person)	N/A			50% \$2,500 (Adult & Children)					
	Dental Network								
	Delta Dental PPO™	Delta Dental Premier®	Non- participating Dentist	Delta Dental PPO™	Delta Dental Premier®	Non- participating Dentist			
		Clas	ss I – Diagnosti	c and Preven	tive				
Exams						1			
Cleaning									
Fluoride	100%	100%	100%	100%	100%	100%			
X-Rays									
Sealants						<u> </u>			
			Class II – Res	torative					

Class I — Diagnostic and Preventive										
Exams										
Cleaning	100%	100%	100%	100%	100%	100%				
Fluoride										
X-Rays										
Sealants										
Class II – Restorative										
Fillings (Posterior Composites)	100%	80%	80%	100%	80%	80%				
Endodontics (Root Canal)										
Periodontics										
Oral Surgery										
Class III - Major										
Dentures	50%	50%	50%	60%	50%	50%				
Partial Dentures										
Implants										
Bridges										
Crowns										



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at **DeltaDentalWA.com** if you have any questions.

Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.







### Put your dental benefits in the palm of your hand!

#### Activate your FREE MySmile® account

Get started at DeltaDentalWA.com/mysmile. Review your coverage overview, benefits usage, claims status and Explanation of Benefits (EOBs). It's how you use your benefits, with easy-to-use tools including:

- Digital ID Card
- Find a Dentist
- Cost Estimator

**Save a tree, save yourself the wait.** Choose "email notifications" in your MySmile account's Communication Preferences to reduce your carbon footprint AND receive EOBs more quickly!

#### Choose an in-network dentist

Seeing a non-participating dentist means greater out-of-pocket costs! Your plan gives you access to the Delta Dental PPO network. These dentists:

- 1. Provide treatment according to your plan's specific guidelines
- 2. Agree to accept lower fees
- 3. File claims for you

#### Find an in-network dentist near you:

- 1. Visit **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 a Confirmation of Treatment and Cost**

When you need extensive treatment, like a crown, ask your dentist for a "Pre-treatment estimate." We'll send a **Confirmation of Treatment and Cost** document that 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 6am to 5pm, Pacific Time
Text 833.604.1246
Visit DeltaDentalWA.com