

# Delta Dental PPO

- Please note, effective January 1, 2010, your benefit year will now run from January through December.

## SPEEA Preferred Plan

Group # 04340

Delta Dental PPO

Effective Date: January 1, 2010

Plan Summary	PAYMENT LEVELS		
	Delta Dental PPO Dentist	Non-PPO Dentist	Outside of the service area
<b>Class I - Diagnostic &amp; Preventive</b> Exams, Prophyls, Fluoride, X-rays, Sealants	100%	80%	100%
<b>Class II - Restorative</b> Restorations, Endodontics, Periodontics, Oral Surgery	80% <i>(Note: If a posterior tooth is restored with a composite (white) filling, the plan will cover the cost up to the amount allowed for a tooth to be restored by an amalgam (silver) filling. Any difference in cost will be your responsibility.)</i>	50% <i>(Note: If a posterior tooth is restored with a composite (white) filling, the plan will cover the cost up to the amount allowed for a tooth to be restored by an amalgam (silver) filling. Any difference in cost will be your responsibility.)</i>	80% <i>(Note: If a posterior tooth is restored with a composite (white) filling, the plan will cover the cost up to the amount allowed for a tooth to be restored by an amalgam (silver) filling. Any difference in cost will be your responsibility.)</i>
<b>Class III – Major</b> Crowns, Dentures, Partials, Bridges and Implants	60%	50%	60%
<b>Annual Maximum Per Person</b> (Jan 1 <sup>st</sup> – Dec 31 <sup>st</sup> )	\$2,000	\$2,000	\$2,000
<b>Deductible (Waived on Class I, in-network only)</b> Per person/per benefit period Annual family maximum	\$50 \$150	\$75 \$225	\$50 \$150
<b>Orthodontia</b> <b>(Deductible does not apply)</b> Adults & Dependent Children Lifetime maximum per person	50% \$2,000	50% \$2,000	50% \$2,000

If you receive dental services in the network service areas-CA, CO, DC, HI, IL, IN, LA, MD, MO, NE, NJ, NY, OR, PA, RI, UT or WA, **you will receive higher benefits by using a Delta Dental PPO Provider.**

MySmile® personal benefits center is a unique online tool that provides personalized strategies for employees to use to improve their oral health. It is accessed through the Washington Dental Service Web site [www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing).

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**Please Note:** This is a brief summary of benefits only and does not constitute a contract. Please feel free to call our Customer Service Department if you have any questions

## Delta Dental/Washington Dental Service

PO Box 75983

Seattle, WA 98175-0983

Customer Service Toll-free (877) 521-2101, Monday – Friday 8 a.m. to 5 p.m., Pacific Standard Time

## ACCESSING CARE

### How to use your Delta Dental PPO program

The dental plan offered to your group is Delta Dental PPO, a preferred provider plan. You can choose any dentist — in or out of the PPO network — at the time of treatment. However, if you select a dentist who is part of the Delta Dental PPO network, your benefits will likely be paid at a higher level and your out-of-pocket expenses may be lower. You can find a participating dentist in your area by visiting the Washington Dental Service Web site at [www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing). **Be sure to select the Delta Dental PPO plan and follow the prompts.**

### Delta Dental PPO dentists

Delta Dental PPO dentists complete claim forms and submit them directly to Washington Dental Service/Delta Dental. PPO dentists receive payment based on their pre-approved PPO fees and they cannot charge you more than these fees. ***You are responsible only for your stated deductibles, copayments and/or amounts in excess of the program maximums.***

### Delta Dental Premier Dentists — (non-PPO)

Delta Dental Premier Dentists also have contracts with Delta Dental, but they are not necessarily part of the PPO network. Delta Dental Premier Dentists will still submit claims for you and receive payment directly from Washington Dental Service/Delta Dental. Their payments will be based upon their pre-approved fees with Delta Dental. They also cannot charge you more than these fees. ***You are responsible only for your stated deductibles, copayments and/or amounts in excess of the program maximums.*** You can find a participating dentist in your area by visiting the Washington Dental Service Web site at [www.deltadentalwa.com/boeing](http://www.deltadentalwa.com/boeing). **Be sure to select the Delta Dental Premier plan and follow the prompts.**

### Nonparticipating dentists

You are not limited to visiting a Delta Dental dentist. If you choose a nonparticipating dentist, you will be responsible for having the dentist complete and sign claim forms. It will also be up to you to ensure that the claims are sent to Washington Dental Service. Claim payments will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists in the state in which services are performed, whichever is less. ***You will be responsible for any balance remaining. Please be aware that Delta Dental has no control over nonparticipating dentists' charges or billing procedures.***

### Predetermination (estimate) of benefits

If your dental care will be extensive, you may ask your dentist to complete and submit a request for an estimate, sometimes called a "predetermination of benefits." This will allow you to know in advance what procedures are covered, the amount Washington Dental Service will pay and your financial responsibility.