DeltaCare®
Administered by Delta Dental of Washington

THE BOEING COMPANY

Delta Dental of Washington
Plan No. **04203 - SPFPA 2 & 5 OR/WA**
Effective: **January 1, 2018**

Questions Regarding Your Plan

Delta Dental Customer Service

If you have questions regarding your dental benefits plan, you may call:
Delta Dental of Washington Customer Service at 1-877-289-5115.

Written inquiries may be sent to:
DeltaCare Department
Delta Dental of Washington
P.O. Box 75983
Seattle, WA 98175-0983

You can also reach us by e-mail at ***info@DeltaDentalWA.com.***

For the most current listing of Delta Dental participating dentists, visit our online directory at www.DeltaDentalWA.com and select the Boeing 04203 option under DeltaCare or call us at 1-877-289-5115.

Boeing Service Center for Health and Welfare Plans

The Summary Plan Description for this Plan is The Boeing Company Health and Welfare Plans booklet for the eligible population, any applicable provider directory and this coverage-specific brochure issued by Delta Dental of Washington.

For detailed information concerning employee and dependent eligibility, enrollment, contributions, coverage terminations, leave of absence provisions, eligibility review and appeals, Qualified Medical Child Support Order (QMCSO), ERISA Special Disclosures and other general plan information, refer to The Boeing Health and Welfare Plans Summary Plan Description, which supersedes any eligibility information contained in this document, or contact the plan administrator.

The health plan benefit description is incorporated as part of the Boeing Summary Plan Description.

You may contact the plan administrator at:

Automated Phone System Seven days a week, 24 hours a day

1-888-747-2016

1-800-855-8220 (hearing impaired)

847-883-0746 (if calling from overseas)

Boeing Service Center Representatives – Available through the above numbers, Monday through Friday

9 a.m. to 8 p.m. Eastern Time 8 a.m. to 7 p.m. Central Time

7 a.m. to 6 p.m. Mountain Time 6 a.m. to 5 p.m. Pacific Time

Your password is needed whenever you use the Boeing Service Center automated phone system.

Communication Access for Individuals who are Deaf, Hard of Hearing, Deaf-blind or Speech-disabled

Communications with Delta Dental of Washington for people who are deaf, hard of hearing, deaf-blind and/or speech disabled is available through Washington Relay Service. This is a free telecommunications relay service provided by the Washington State Office of the Deaf and Hard of Hearing.

The relay service allows individuals who use a Teletypewriter (TTY) to communicate with Delta Dental of Washington through specially trained communications assistants.

Anyone wishing to use Washington Relay Service can simply dial 711 (the statewide telephone relay number) *or* 1-800-833-6384 to connect with a communications assistant. Ask the communications assistant to dial Delta Dental of Washington Customer Service at 1-800-650-1583. The communications assistant will then relay the conversation between you and the Delta Dental of Washington customer service representative.

This service is free of charge in local calling areas. Calls can be made anywhere in the world, 24 hours a day, 365 days a year, with no restrictions on the number, length or type of calls. All calls are confidential, and no records of any conversation are maintained.

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Group #04203 Plan Summary

This summary of your Plan benefits is an overview of your coverage. Information regarding your coverage is included and is followed by your copayment and benefit information. Please see the Table of Contents for assistance locating specific topics.

Eligible Employees

Eligible Employees are active employees from the following labor groups.

Labor Grp	Description	Labor Grp	Description
202	International Union, Security, Police and Fire Professionals of America, Local 5 - Seattle, Washington (Guards and Firefighters)	210	International Union, Security, Police and Fire Professionals of America, Local 2 - Portland, Oregon (Guards)

Benefit Period

For this plan, the benefit period is the 12-month period starting the first day of the calendar month, January 1 and ending the last day of the calendar month, December 31.

Plan Deductible

This plan does not have a deductible requirement.

Plan Maximum

There is no Plan Maximum associated with this Plan. *

**note – certain services (Orthodontics, Urgent Care and Accidental Injury) have specific maximum requirements.*

Patient Copayments

Per visit copayment $10

When you receive treatment from your DeltaCare office, there will be a $10 per visit copayment for all visits that contain non-diagnostic/non-preventive care.

Orthodontic Maximum for Adults and Eligible Children

Lifetime Orthodontic Maximum.....$2,000

Dental Accident (Accidental Bodily Injury)

12-Month Maximum.....$1,600

The payment level for covered dental expenses arising as a direct result of an accidental bodily injury is 100%, up to the unused Plan maximum.

Group 04203 Schedule of Benefits and Co-Payments

The services covered under the DeltaCare Dental Plan are listed in the following schedule. These co-payments are your total price, including lab work. All coverage is subject to the exclusions and limitations set forth in this document. You must see a DeltaCare Network Dentist or designated specialist in order to receive benefits.

The Benefits and Co-Payments listed below are Effective as of **January 1, 2018.**

In addition to the Patient Co-payments listed below, there may be a $10 per visit co-payment for all non-diagnostic/preventive visits.

Code	Procedure Description	Copay
D0140	Limited oral evaluation-problem focused – GP	$00.00
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	$00.00
D0150	Comprehensive oral evaluation – GP	$00.00
D0160	Detailed and extensive oral evaluation – problem focused GP	$00.00
D0170	Re-evaluation-limited, problem focused (Established pt not post op visit) GP	$00.00
D0190	Screening of a patient	NB
D0191	Assessment of a patient	NB
D0210	Intraoral – complete series of radiographic images	$00.00
D0220	Intraoral – periapical first radiographic image	$00.00
D0230	Intraoral – periapical each additional radiographic image	$00.00
D0251	Extra-oral posterior dental radiographic image	NB
D0272	Bitewings - two radiographic images	$00.00
D0273	Bitewings - three radiographic images	$00.00
D0274	Bitewings - four radiographic images	$00.00
D0277	Vertical bitewings - 7 to 8 radiographic images	$00.00
D0330	Panoramic radiographic image	$00.00
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	NB
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	NB
D0423	Genetic test for susceptibility to diseases – specimen analysis	NB
D0460	Pulp vitality tests	$00.00
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	NB
II. Preventive D1000 - D1999		
D1110	Prophylaxis - adult	$00.00
D1120	Prophylaxis - child	$00.00
D1206	Topical application of fluoride - excluding varnish	$00.00
D1208	Topical application of fluoride	$00.00
D1330	Oral hygiene instruction	$00.00
D1351	Sealant - per tooth	$00.00
D1353	Sealant repair – per tooth	$00.00
D1354	Interim caries arresting medicament application	NB
D1352	Preventive resin restoration – per tooth	$00.00
D1510	Space maintainer - fixed, unilateral	$00.00
D1515	Space maintainer - fixed, bilateral	$00.00
D1520	Space maintainer - removable, unilateral	$00.00
D1525	Space maintainer - removable, bilateral	$00.00
D1550	Re-cement or re-bond of space maintainer	$00.00
D1555	Removal of fixed space maintainer	$00.00

Code	Procedure Description	Copay
D1575	Distal shoe space maintainer – fixed – unilateral	$00.00
	III. Minor Restorative D2000 - D2335	
D2140	Amalgam - one surface, permanent	$00.00
D2150	Amalgam - two surfaces, permanent	$00.00
D2160	Amalgam - three surfaces, permanent	$00.00
D2161	Amalgam - four or more surfaces, primary or permanent	$00.00
D2330	Resin - one surface, anterior	$00.00
D2331	Resin - two surfaces, anterior	$00.00
D2332	Resin - three surfaces, anterior	$00.00
D2335	Resin - four or more surfaces, anterior	$00.00
	IV. Major Restorative D2510-D2999	
D2710	Crown - resin (indirect)	$00.00
D2750	Crown - porcelain fused to high noble metal	$194.00
D2751	Crown - porcelain fused to predominantly base metal	$159.00
D2752	Crown - porcelain fused to noble metal	$195.00
D2780	Crown – 3/4 cast high noble metal	NB
D2781	Crown – 3/4 cast predominantly base metal	NB
D2782	Crown – 3/4 cast noble metal	NB
D2790	Crown - full cast high noble metal	$190.00
D2791	Crown - full cast predominantly base metal	$150.00
D2792	Crown - full cast noble metal	$176.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restorations	$00.00
D2920	Re-cement or re-bond crown	$00.00
D2929	prefabricated porcelain/ceramic crown – primary tooth	NB
D2930	Prefabricated stainless steel crown - primary tooth	$00.00
D2931	Prefabricated stainless steel crown - permanent tooth	$00.00
D2932	Prefabricated resin crown anterior teeth only	$00.00
D2933	Prefabricated stainless steel resin crown w/ resin window	NB
D2940	Sedative filling	$00.00
D2950	Crown build-up (substructure) including any pins	$00.00
D2951	Pin retention - per tooth, in addition to restoration	$00.00
D2952	Post and core in addition to crown, indirectly fabricated	$00.00
D2953	Each additional indirectly fabricated post – same tooth	$00.00
D2954	Prefabricated post and core in addition to crown	$00.00
D2957	Each additional prefabricated post same tooth	$00.00
D2980	crown repair necessitated by restorative material failure	NB
D2982	onlay repair necessitated by restorative material failure	NB
D2983	veneer repair necessitated by restorative material failure	NB
	V. Endodontics D3000 - D3999	
D3110	Pulp cap-direct (excluding final restoration)	$00.00
D3120	Pulp cap-indirect (excluding final restoration)	$00.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to dentinocemental junction and application of medicament	$00.00
D3230	Pulpal therapy anterior, primary tooth	NB
D3240	Pulpal therapy posterior, primary tooth	NB
D3310	Root canal therapy - anterior	$00.00

Code	Procedure Description	Copay
D3320	Root canal therapy - bicuspid	$00.00
D3330	Root canal therapy - molar	$00.00
D3346	Root canal - four canal	$00.00
D3347	Retreatment of previous root canal therapy - anterior	$00.00
D3427	Periradicular surgery without apicoectomy	$200.00
D3428	Bone graft in conjunction with periradicular surgery – per tooth, single site	$206.00
D3429	Bone graft in conjunction with periradicular surgery – each additional contiguous tooth in the same surgical site	$155.00
D3348	Retreatment of previous root canal therapy - bicuspid	$00.00
D3351	Retreatment of previous root canal therapy - molar	$00.00
D3410	Apexification/recalcification-final visit	$00.00
D3421	Apicoectomy/periradicular surgery - anterior	$00.00
D3425	Apicoectomy/periradicular surgery - bicuspid	$00.00
D3426	Apicoectomy/periradicular surgery - molar (first root)	$00.00
D3430	Apicoectomy/periradicular surgery - (additional root)	$00.00
D3450	Retrograde filling - per root	$00.00
D3920	Root amputation - per root	$00.00
VI. Periodontics - D4000 - D4999		
D4210	Gingivectomy or gingivoplasty - Four or more contiguous teeth or bounded teeth spaces per quadrant	$00.00
D4211	Gingivectomy or gingivoplasty - one to three teeth per quadrant	$00.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	$00.00
D4240	Gingival flap procedure including root planing per quadrant	NB
D4245	Apically position	NB
D4249	Crown lengthening - hard/soft tissue	$00.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - Four or more contiguous teeth or bounded teeth spaces per quadrant	$00.00
D4261	Osseous Surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	$00.00
D4270	Pedicle soft tissue graft procedure	$00.00
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	$00.00
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	$00.00
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	NB
D4285	Non-autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	NB
D4341	Periodontal root planing - Four or more contiguous teeth or bounded teeth spaces per quadrant	$00.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	$00.00
D4355	Full Mouth debridement to enable comprehensive evaluation and diagnosis	$00.00
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	$00.00
D4910	Periodontal maintenance following active therapy	$00.00
VII. Prosthodontics, removable D5000 - D5899		
D5110	Complete denture, upper	$243.00

Code	Procedure Description	Copay
D5120	Complete denture, lower	$243.00
D5130	Immediate denture, upper	$428.00
D5140	Immediate denture, lower	$428.00
D5211	Upper partial denture, resin base	NB
D5212	Lower partial denture, resin base	NB
D5213	Upper partial denture - metal base with resin saddles	$264.00
D5214	Lower partial denture - metal base with resin saddles	$264.00
D5221	Immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	NB
D5222	Immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	NB
D5223	Immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$465.00
D5224	Immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	$465.00
D5281	Unilateral partial denture	NB
D5410	Adjust complete denture - upper	$00.00
D5411	Adjust complete denture - lower	$00.00
D5421	Adjust partial denture - upper	$00.00
D5422	Adjust partial denture – lower	$00.00
D5511	Repair broken complete denture base, mandibular	$00.00
D5512	Repair broken complete denture base, maxillary	$00.00
D5520	Replace missing or broken teeth - complete denture	$00.00
D5611	Repair resin partial denture base, mandibular	$00.00
D5612	Repair resin partial denture base, maxillary	$00.00
D5621	Repair cast partial framework, mandibular	$00.00
D5622	Repair cast partial framework, maxillary	$00.00
D5630	Repair or replace broken clasp	$00.00
D5640	Replace broken teeth - per tooth	$00.00
D5650	Add tooth to existing partial denture	$00.00
D5660	Add clasp to existing partial denture	$00.00
D5710	Rebase denture - complete, upper	$00.00
D5711	Rebase denture - complete, lower	$00.00
D5720	Rebase denture - partial, upper	$00.00
D5721	Rebase denture - partial, lower	$00.00
D5730	Reline denture - complete upper (chairside)	$00.00
D5731	Reline denture - complete lower (chairside)	$00.00
D5740	Reline denture - partial upper (chairside)	$00.00
D5741	Reline denture - partial lower (chairside)	$00.00
D5750	Reline denture - complete upper (laboratory)	$00.00
D5751	Reline denture - complete lower (laboratory)	$00.00
D5760	Reline denture - partial upper (laboratory)	$00.00
D5761	Reline denture - partial lower (laboratory)	$00.00
D5820	Temp partial stay plate, upper	NB
D5821	Temp partial stay plate, lower	NB
D5850	Tissue conditioning, upper - denture	$00.00
D5851	Tissue conditioning, lower - denture	$00.00
VIII. Prosthodontics, Fixed D6200 - D6999		

Code	Procedure Description	Copay
D6051	Interim Abutment	NB
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	NB
D6085	Provisional implant crown	NB
D6101	Debridement of a periimplant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	$00.00
D6102	Debridement and osseous contouring of a periimplant defect; or defects surrounding a single implant, and surface cleaning includes surface cleaning of the exposed implant surfaces and ,including flap entry and closure	$00.00
D6103	Bone graft for repair of periimplant defect – does not include flap entry and closure. Placement of a barrier membrane or biologic materials to aid in osseous regeneration are reported separately	$00.00
D6210	Pontic - cast high noble metal	$186.00
D6211	Pontic - cast predominantly base metal	$150.00
D6212	Pontic - cast noble metal	$173.00
D6240	Pontic - porcelain fused to high noble metal	$188.00
D6241	Pontic - porcelain fused to predominantly base metal	$156.00
D6242	Pontic - porcelain fused to noble metal	$180.00
D6722	Crown - resin with noble metal	NB
D6750	Crown - porcelain fused to high noble metal	$190.00
D6751	Crown - porcelain fused to predominantly base metal	$162.00
D6752	Crown - porcelain fused to noble metal	$182.00
D6780	Crown - 3/4 cast high noble metal	NB
D6781	Crown - 3/4 cast predominantly base metal	NB
D6782	Crown - cast high noble metal	NB
D6790	Crown - full cast high noble metal	NB
D6791	Crown - full cast predominantly base metal	NB
D6792	Crown - full cast noble metal	NB
D6930	Re-cement or re-bond fixed partial bridge	$00.00
D6940	Stress breaker	$00.00
D6980	fixed partial denture repair necessitated by restorative material failure	NB
IX. Oral Surgery D7000 - D7999		
D7210	Surgical removal of erupted tooth	$00.00
D7220	Removal of impacted tooth - soft tissue	$00.00
D7230	Removal of impacted tooth - partially bony	$00.00
D7240	Removal of impacted tooth - completely bony	$00.00
D7241	Removal of impacted tooth - completely bony	$00.00
D7250	Surgical removal of residual tooth roots	$00.00
D7280	Surgical exposure impacted/unerupted tooth - ortho	$00.00
D7286	Incisional biopsy of oral tissue, soft	$00.00
D7310	Alveoloplasty in conj. with extraction - four or more teeth or tooth spaces per quad	$00.00
D7320	Alveoloplasty not in conj. with extraction - four or more teeth or tooth spaces per quad	$00.00
D7340	Vestibuloplasty	$00.00
D7350	Vestibuloplasty - ridge extension	$00.00
D7510	Incision and drainage of abscess	$00.00
D7520	Incision and drainage of abscess extra oral	NB
D7881	Occlusal orthotic device adjustment	NB
D7952	Sinus augmentation via a vertical approach	NB

Code	Procedure Description	Copay
D7960	Frenulectomy (frenectomy or frenotomy)	$00.00
D7970	Excision of hyperplastic tissue - per arch	$00.00

Group 04203 Covered Benefits

The following are the covered dental benefits under this Plan and are subject to the limitations and exclusions contained in this benefit booklet. Such benefits (as defined) are available only when provided by a licensed dentist or other licensed professional when appropriate and necessary as determined by the standards of generally accepted dental practice and DDWA.

Note: Please be sure to consult your provider before treatment begins regarding any charges that may be your responsibility.

Diagnostic

Covered Dental Benefits

- Comprehensive, or detailed and extensive oral evaluation
- Diagnostic evaluation for routine or emergency purposes
- X-rays (radiographic images)

Limitations

- Routine evaluation is covered twice in a Benefit Period. Routine evaluation includes all evaluations except limited, problem-focused evaluations.
- Comprehensive or detailed and extensive oral evaluation is covered once in the patient's lifetime by the same dentist. Subsequent comprehensive or detailed and extensive oral evaluation from the same dentist is as periodic oral evaluation.
- Limited problem-focused evaluations are covered twice in a Benefit Period.
- Full mouth or panoramic x-ray is limited to one every 3 years and for patients over 3 years of age.
- Bitewing x-rays limited to not more than twice in a Benefit Period.

Preventive

Covered Dental Benefits

- Prophylaxis (cleaning)
- Periodontal maintenance
- Sealants
- Topical application of fluoride including fluoridated varnishes
- Space maintainers
- Preventive resin restoration

Limitations

- Prophylaxis limited to one treatment in a 4 month period (includes periodontal maintenance following active therapy)
    - Periodontal maintenance procedures are covered only if a patient has completed active periodontal treatment.
- Topical application of fluoride is limited to two covered procedures in a calendar year through the age of 18.
- Space maintainers are covered for children through the age of 17.
- Sealants:
    - Payment for application of sealants will be for permanent molars with no restorations (includes preventive resin restorations) on the occlusal (biting) surface.
    - The application of a sealant is a covered dental benefit once in a three-year period per tooth from the date of service for children through the age of 14.

- Preventive resin restorations:
  - Payment for a preventive resin restoration will be for permanent molars with no restorations on the occlusal (biting) surface.
  - The application of a preventive resin restoration is a covered dental benefit once in a three-year period per tooth from the date of service for children through the age of 14.
- One Periodontal Maintenance therapy treatment, specifically periodontal prophylaxis, is covered twice in a Benefit Period and is to be charged at the applicable co-payment level. The cost of additional Periodontal Maintenance prophylaxis treatments over twice in a Benefit Period are your responsibility.

Restorative

Covered Dental Benefits

- Restorations (fillings)
- Stainless steel crowns

Limitations

- Restorations on the same surface(s) of the same tooth are covered once in a two-year period;
- Crowns are covered once in a five-year period for patients 16 years of age or older.
- Core build-up, including pins is covered once in a 2 year period.
- Stainless steel crowns on primary teeth are covered once in a two-year period.
- Resin-based composite crowns on anterior teeth are covered once in a two year period.

Periodontics

Covered Dental Benefits

- Surgical and nonsurgical procedures for treatment of the tissues supporting the teeth
- Services covered include
  - Periodontal scaling/root planing
  - Periodontal surgery
  - Limited adjustments to occlusion (eight teeth or fewer)
  - Localized delivery of antimicrobial agents
  - Gingivectomy

Limitations

- Root planing/subgingival curettage is covered once in a 12-month period.
- Limited occlusal adjustments are covered once in a 12-month period.
- Localized Delivery of antimicrobial agents is a Covered Dental Benefit under certain conditions or oral health such as periodontal Case Type III or IV, and 5mm (or greater) pocket depth readings.
- Periodontal surgery is covered once in a three-year period.
- Two sites of soft tissue grafting are covered in the same quadrant in a three year period.
- Scaling and root planning must be done a minimum of six weeks and a maximum of six months prior to periodontal surgery or localized delivery of antimicrobial agents.
- Full mouth debridement is covered once in a three-year period.

Endodontics

Covered Dental Benefits

- Procedures for pulpal and root canal treatment, services covered include:

- Pulp exposure treatment
- Pulpotomy
- Apicoectomy

Limitations

- Root canal treatment on the same tooth is covered only once in a two-year period.
- Pulp Vitality Tests are limited to 1 per visit, including multiple teeth.

Prosthodontics

Covered Dental Benefits

- Dentures
- Fixed partial dentures (fixed bridges)
- Adjustment or repair of an existing prosthetic appliance

Limitations

- Full upper and/or lower dentures and partial upper and/or lower dentures are not to exceed one each in any five-year period and only then if it is unserviceable and cannot be made serviceable.
- Are not to be replaced within any 5 year period from initial placement unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;
- Rebase of full upper and/or lower dentures and partial upper and/or lower dentures are not to exceed one each in a 12 month period following initial placement.
- Denture relines are limited to one per denture during any 12 consecutive months except in the case of an immediate denture then a reline is a benefit six months after the initial placement.

Sedation

Covered Dental Benefits

- General anesthesia
- Intravenous sedation

Limitations

- General anesthesia or Intravenous sedation are Covered Dental Benefits only when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.

Exclusions

- General anesthesia or intravenous sedation for routine post-operative procedures is Not a Paid Covered Benefit.

Note*: Some benefits are available only under certain conditions of oral health. It is strongly recommended that you have your dentist submit a Confirmation of Treatment and Cost to determine if the treatment is a covered dental benefit. A Confirmation of Treatment and Cost is not a guarantee of payment.*

Orthodontic Benefits for Covered Adults and Children

Orthodontic care may be obtained from any licensed dentist. The lifetime maximum is $2,000. Not more than $1,000 of the maximum, or one-half of the Participating Plan's total responsibility shall be payable for treatment during the "construction phase." The remaining maximum will be paid on a fee-for-service basis at the 50 % level. You must return to your DeltaCare dentist for any additional treatment your orthodontist recommends.

It is strongly suggested that an orthodontic treatment plan be submitted to, and a Confirmation of Treatment and Cost be made by, DDWA prior to commencement of treatment. A Confirmation of Treatment and Cost is not a guarantee of payment. Additionally, payment for orthodontic benefits is based upon your eligibility. If you become ineligible prior to the subsequent payment of benefits, subsequent payment is not covered.

Accidental Injury Rider

The Participating Plan shall pay or reimburse 100% of the local state's allowable fees, less any applicable patient copayment(s), for the following Dental Accident Benefits:

Services described in the Covered Dental Benefits, Limitations and Exclusions and Payment Schedule, as well as the following services when provided for conditions caused directly and indirectly by external, violent and accidental means.

Additional Dental Accident Benefits

- Intra-oral grafting
- Reimplantation
- Splinting
- Stayplate

All dental Accident Benefits are subject to the maximum, limitations and exclusions of this plan.

Maximum

The program shall provide the Dental Accident Benefits for an eligible person up to a maximum of $1,600 per patient per any 12-month period.

Limitations

- Dental Accident Benefits shall be limited to services provided to an eligible person within 180 days following the date of the accident, and shall not include any services for conditions caused by an accident occurring prior to the patient's eligibility date.

Exclusions

- Services covered under Worker's Compensation or Employers' Liability laws
- Services with respect to congenital or developmental malformations or cosmetic surgery or dentistry for purely cosmetic reasons
- Service for restoring or stabilizing tooth structures lost from wear
- Any services started prior to the date of eligibility
- Prescribed drugs, pre-medication or analgesia
- Experimental procedures
- Prophylaxis
- All hospital costs and any additional fees charged by the dentist for hospital treatment
- Charges for general anesthesia
- Extra-oral grafts
- Implants, the removal of implants or procedures related to the placement or removal of implants
- Diagnosis or treatment by any method or condition related to temporomandibular joint or associated musculature, nerves and other tissues
- Replacement of existing restorations due to carious lesions
- Orthodontic services

Additional Benefit Information

Dental Exclusions

1. General anesthesia, including intravenous and inhalation sedation, and the services of a special anesthesiologist except under certain conditions of oral health and when medically necessary, for children through age six, or a physically or developmentally disabled person, when in conjunction with covered dental procedures;
2. Cosmetic dental care. Cosmetic services include, but are not limited to, laminates, veneers or tooth bleaching;
3. Services for injuries or conditions which are compensable under Worker's Compensation or Employers' Liability laws, and services which are provided to the eligible person by any federal or state or provincial government agency or provided without cost to the eligible person by any municipality, county or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act;
4. Restorations or appliances necessary to correct vertical dimension or to restore the occlusion; such procedures include restoration of tooth structure lost from attrition, abrasion or erosion and restorations for malalignment of teeth;
5. Application of desensitizing agents;
6. Experimental services or supplies, which include:
   a. Procedures, services or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, DDWA, in conjunction with the American Dental Association, will consider them if:
      i) The services are in general use in the dental community in the state of Washington;
      ii) The services are under continued scientific testing and research;
      iii) The services show a demonstrable benefit for a particular dental condition; and
      iv) They are proven to be safe and effective.

      Any individual whose claim is denied due to this experimental exclusion clause will be notified of the denial within 20 working days of receipt of a fully documented request.
   b. Any denial of benefits by DDWA on the grounds that a given procedure is deemed experimental may be appealed to DDWA. DDWA will respond to such appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20-day period may be extended only with written consent of the eligible person.
   c. Whenever DDWA makes an adverse determination and delay would jeopardize the eligible person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral appeal and issue a decision no later than seventy-two hours after receipt of the appeal. If the treating Licensed Professional determines that delay could jeopardize the eligible person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review.
7. Dental services performed in a hospital and related hospital fees;
8. Loss or theft of fixed or removable prosthetics (crowns, bridges, full or partial dentures);
9. Dental expenses incurred in connection with any dental procedure started after termination of eligibility of coverage;
10. Dental expenses incurred in connection with any dental procedure started prior to the enrollee's eligibility;
11. Cysts and malignancies;
12. Laboratory examination of tissue specimen;
13. Any drugs or medicines, even if they are prescribed. This includes analgesics (medications to relieve pain) and patient management drugs, such as pre-medication and nitrous oxide;

14. Accidental injury. This plan does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage;
15. Accidental injury. Accidental injury is defined as damage to the hard and soft tissues of the oral cavity resulting from forces external to the mouth. Damages to the hard and soft tissues of the oral cavity from normal masticatory (chewing) function will be covered at the normal schedule of benefits;
16. Cases which in the professional judgment of the attending dentist a satisfactory result cannot be obtained or where the prognosis is poor or guarded;
17. Prophylactic removal of impactions (asymptomatic, nonpathological);
18. Specialist consultations for non-covered benefits;
19. Implant placement or removal, appliance placed on or services associated with implants;
20. Orthodontic treatment which involves therapy for myofunctional problems, TMJ, dysfunctions, or hormonal imbalances causing growth and developmental abnormalities;
21. All other services not specifically included on the patient's Schedule of Benefits and Co-payments;
22. Treatment of fractures and dislocations to the jaw;
23. Dental services received from any dental office other than the assigned dental office, unless expressly authorized in writing by DDWA or as cited under the "*Emergency or Urgent Care*." Section.

Governing Administrative Policies

Unlike medical care where the diagnosis dictates more specifically the method of treatment to be rendered, in dental care, the dentist and patient frequently consider various treatment options.

The following guidelines are an integral part of the dental plan and are consistent with the principles of accepted dental practice and the continued maintenance of good dental health.

In all cases in which the patient selects a more expensive plan of treatment than is customarily provided, the more expensive treatment is considered optional. The patient must pay the difference in cost between the dentist's DDWA filed fees for the covered benefit and the optional treatment plus any co-payment for covered benefits.

Failure to pay a scheduled co-payment at the time of service may prevent future dental services from being rendered. Emergency services that are required for alleviation of severe pain or immediate diagnosis and treatment of unforeseen medical conditions, which, if not immediately diagnoses and treated, would lead to disability and death are exempt from this denial of services.

Replacement of prosthetic appliances (crowns, bridges, partials and full dentures) shall be considered only if the existing appliance is no longer functional or cannot be made functional by repair or adjustment and meets the five year limitation for replacement.

Partial Dentures

1. A removable cast metal partial denture is considered an adequate restoration of a case when more than one tooth is missing in a dental arch. If the patient selects another course of treatment, the patient must pay the difference in cost between the dentists' DDWA filed fees for the covered benefit and the optional treatment, plus any co-payment for the standard benefit.
2. If a cast metal partial denture will restore the case, the PCD will apply the difference of the cost of such procedure toward any alternative treatments which the patient and dentist may choose to use. The patient must pay the difference in cost between the dentist's DDWA file fees for the covered benefit and the optional treatment plus any co-payment for the covered benefit.
3. An acrylic partial denture may be considered a standard benefit in cases involving extensive periodontal disease. Patients will pay the applicable co-payment for a cast metal partial denture.

Complete Dentures

1. If, in the construction of a denture, the patient and the PCD decide on personalized restorations or employ specialized techniques as opposed to standard procedures, the patient must pay the difference in cost between the dentists' DDWA filed fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
2. Full upper and/or lower dentures are not to exceed one each in any five year period from initial placement. The patient is entitled to a new upper or lower denture only if the existing denture is more than five years old and cannot be made satisfactory by either reline or repair.

Fillings and Crowns

1. Crowns will be covered only if there is not enough retention and resistance form left in the tooth to hold a filling. For example, the buccal or lingual walls are either fractured or decayed to the extent that they will not hold a filling.
2. Porcelain or porcelain fused to metal crowns on all first, second or third molars are considered optional treatment, base metal crowns are considered adequate restorations/ the standard benefit. If upgrades are performed, the patient must pay the difference in cost between the dentists' DDWA filed fees for the standard benefit and optional treatment, up to a maximum of $200 plus any co-payment for the covered benefit. The patient must be permitted the option of the base metal crown as a benefit if desired.
3. The DeltaCare plan provides amalgam (posterior) and resin-based (anterior) restorations for treatment of caries. If the tooth can be restored with such materials, any other restoration such as a crown or jacket is considered optional, and if provided, the patient must pay the difference in cost between the dentist's DDWA file fees for the covered benefit and the optional treatment plus any co-payment for the covered benefit.
4. A restoration is a covered benefit only when required for restorative reasons (radiographic evidence of decay or missing tooth structure). Restorations placed for any other purposes including, but not limited to cosmetics, abrasion, erosion, restoring or altering vertical dimension, or the anticipation of future fractures, are not covered benefits.
5. Composite resin restorations in posterior teeth are considered optional treatment with the exception of the buccal surfaces of the bicuspids. If provided, the patient must pay the difference in cost between the dentist's DDWA filed fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
6. Anterior porcelain crowns, porcelain fused to metal or plastic processed to metal type crowns are not a benefit for children under 16 years of age. An allowance will be made for an acrylic crown. If performed, the patient must pay the difference in cost between the dentist's DDWA filed fees for the covered benefit and optional treatment, plus any co-payment for the covered benefit.
7. A crown placed on a specific tooth is allowable only once in a five year period from initial placement.
8. A crown used as an abutment to a partial denture for purposes of recontouring, repositioning or to provide additional retention is not covered unless the tooth is decayed to the extent that a crown would be required to restore the tooth whether or not a partial denture is required.

Fixed Partial Denture (Fixed Bridges)

1. A fixed partial denture to replace one (1) missing permanent anterior tooth is covered for patients 16 or older. Such treatment will be covered if the patient's oral health and general condition permits.
2. Fixed partial dentures for patients under the age of 16 are optional to a partial denture.
3. A fixed partial denture to replace more than one permanent anterior tooth or any number of permanent posterior teeth is optional to a removable partial denture. The patient must pay the difference in cost between the dentist's filed fee for the covered benefit (a removable partial denture) and the optional treatment (a fixed bridge), plus any co-payment for the covered benefit.
4. Fixed partial dentures are not a benefit when provided in connection with a partial denture on the same arch. A fixed bridge is not a covered benefit once a removable partial denture has been delivered in the same arch.

5. Replacement of an existing fixed partial denture (to replace one (1) missing permanent anterior tooth) is covered after five years from initial placement and only if it involves the same teeth as the prior fixed partial denture.

Reconstruction

1. The DeltaCare plan provides coverage for procedures necessary to eliminate oral disease and to replace missing teeth. Appliances or restorations necessary to increase vertical dimension, replace or stabilize tooth structure loss by attrition, realignment of teeth, periodontal splinting, gnathologic recordings, equilibration or treatment of disturbances of the temporomandibular joint (TMJ) are not covered benefits. Extensive treatment plans involving ten or more crowns or units of fixed bridgework are considered full mouth reconstructions and are not a benefit of the DeltaCare plan.

Specialized Techniques

1. Noble or titanium metal for removable appliances, crowns, precision abutments for partials or bridges (overlays, implants, and appliances associated therewith), personalization and characterization, are all considered optional treatment. If performed, the patient must pay the difference in cost between the dentist's DDWA filed fees for the covered benefit and the optional treatment, plus any co-payment for the covered benefit. (As long as the patient has the option of the benefit procedure.)

Preventative Control Programs

1. Soft tissue management programs are not covered. The periodontal pocket charting, root planing/scaling oral hygiene instruction and prophylaxis are covered benefits and, if performed as part of a soft tissue management program, will be provided for listed co-payments, if any. Irrigation, infusion, special tooth brush, etc., are considered optional treatment. If performed, the patient is responsible for the cost.
2. Follow-up examinations for reevaluation, particularly periodontal reevaluation, are considered to be part of the general serviced rendered.

Frenectomy

1. The frenum can be excised when the tongue has limited mobility; or there is a large diastema between anterior teeth; or when the frenum interferes with a prosthetic appliance.

Pedodontia

1. Pedodontic referrals must be preauthorized by DeltaCare. Benefits for dependent children through age three are covered at 100 percent of the agreed upon fee less any applicable co-payments for covered benefits and children four years and older are at 50 percent of agreed upon fee less any applicable co-payments for covered services.

Treatment Planning

1. The objective of this plan is to see that all patients are brought to a good level of oral health and that this level of oral health is maintained. To achieve these objectives takes treatment planning. Priorities have been established on the following basis:
    a) Priority attention is given to those procedures that, if not done first, could have an immediate effect on the patient's overall oral health.
    b) Priority is next given to work such as active dental decay and periodontal problems that would not have an immediate effect on the patient's oral health.
    c) Priority is given to replacement of missing teeth causing a gross lack of function.
    d) Exceptions are made to this treatment-planning concept based on individual circumstances

Plan Information

Welcome to your Boeing DHMO Plan

DeltaCare is an innovative dental plan that provides you with comprehensive dental care at a significantly lower cost than the more traditional plans you may be accustomed to. It is unique in its emphasis on preventive care. Moreover, because there are no deductibles or annual maximums when you use a DeltaCare dentist, you can get the care you need when you need it.

The health plan benefit description is incorporated as part of the Boeing Summary Plan Description.

This summary plan description for this Plan is the combination of:

- The Boeing Company Health & Welfare Plans booklet for the eligible population
- Any applicable provider directory
- This coverage-specific brochure issued by Delta Dental of Washington

New Enrollees & Late Enrollment

Eligibility to participate in the plan is effective as determined by your employer. If you decline enrollment when first eligible and later wish to enroll yourself or dependents as a result of marriage, birth or adoption or other qualified change in status, your request for enrollment must be submitted to your employer within 30 days, or the timeframe established by your employer, if your employer allows more than 30 days for this type of change.

Choosing a Primary Care Dentist (PCD)

When you enroll in the DeltaCare Dental Plan, you must complete the enrollment information and may indicate your dental office choices at that time. New enrollees have 60 days to select and notify us of your preferred Primary Care Provider (PCD). A PCD is a Washington state General Practitioner that has chosen to participate in the DeltaCare Network.

If you do not select a PCD within 60 days, we will assign you to a provider near your home. The choice of PCD can be changed with proper notice to DDWA, but participation in the plan must continue at least until the next open enrollment period. Please contact us at 1-877-289-5115 for more information on selecting or changing your PCD or to notify us of your selection.

Your selected dental office is now the center for all of your dental needs. The PCD will perform most dental services. For specialty care, the PCD may elect to refer treatment to a DeltaCare Dental Plan Specialist.

After you have enrolled, you will receive a membership card and letter. The letter will include the address and telephone number of your PCD.

If your PCDs participation in the DeltaCare Network is terminated, you will receive written notification.. This notification will explain your option to: 1) automatically be assigned to another PCD; or 2) select another PCD from the directory of open PCDs. If your PCD is to be absent for an extended period of time, you may transfer to another PCD dentist during the period of the absence.

Appointments

To receive dental care, simply call your primary care dental office to make an appointment. Routine, non-emergency appointments will be scheduled within 3 weeks of the date of the request. Dental services which are not performed by the assigned DeltaCare Dental Plan office or properly referred to a DeltaCare Dental Plan Specialist will not be covered by the DeltaCare Dental Plan.

Specialty Services

Your PCD is responsible for coordinating all specialty care and will either perform the specialty treatment or refer you to a DeltaCare Network Specialist. In some unique cases the PCD may refer you to a non-DeltaCare Network Specialist, but prior authorization from DDWA is required.

Necessary vs. Not Covered Treatment

The provider will inform the patient of services that are covered benefits. Not all necessary treatment is covered, and there may be additional charges. The majority of required dental services are provided at no cost to the patient under the DeltaCare Plan. However, there are certain treatments that, according to the contract between The Boeing Company and Delta Dental of Washington, remain the responsibility of the patient. Patients can also contact the DeltaCare unit at Delta Dental of Washington at 1-877-289-5115 with questions.

Urgent Care

Your PCD shall provide urgent care for a covered procedure within 24 hours of being contacted. If you require urgent dental care and are not able to be seen by your PCD within 24 hours or you are not within a reasonable distance of your PCD's office, you may receive treatment from another dentist. Such treatment is limited to the treatment that is necessary to evaluate and stabilize you until further treatment can be obtained from your PCD. Please call us at 1-877-289-5115 for more information.

Emergency Care

DeltaCare Network Dentists have made provisions for delivering emergency care. Emergency care is available 24 hours a day, every day of the year. Treatment of a dental emergency, those rare dental health instances that may be life threatening or cause severe bodily injury, shall not require a Confirmation of Treatment and Cost if a prudent layperson acting reasonably would believe that such an emergency condition exists. The Plan would encourage the enrollee to seek a preauthorization from the Plan for such emergency care if at all practical, but would not require preauthorization if the treatment is a listed procedure under the terms of coverage.

Grievance Resolution

We urge you to communicate directly with your DeltaCare dentist if you are dissatisfied with the service provided. We are confident that your DeltaCare dentist will welcome the opportunity to address your questions and concerns. If you are still dissatisfied, please contact DeltaCare Customer Service at 1-877-289-5115. A Customer Service representative will be available to assist you.

Appeals of Denied Claims

How to contact us

DDWA will accept notice of an Urgent Care Request or Appeal if made by you, your covered dependent, or an authorized representative orally by contacting us at the telephone number below or in writing directed to Delta Dental of Washington, P.O. Box 75983, Seattle, WA 98175-0983. You may include any written comments, documents or other information that you believe supports your claim. For more information please call 1-877-289-5115.

Authorized Representative

You may authorize another person to represent you or your child and receive communications from DDWA regarding your specific appeal. The authorization must be in writing and signed by you. If an appeal is submitted by another party without this authorization, a request will be made to obtain a completed Authorized Representative form. The appeal process will not commence until this form is received. Should the form, or any other document confirming the right of the individual to act on your behalf, i.e., power of attorney, not be returned, the appeal will be closed.

Informal Review

If your claim for dental benefits has been completely or partially denied, you have the right to request an informal review of the decision. Either you, or your authorized representative (see above), must submit your request for a review within 180 days from the date your claim was denied (please see your Explanation of Benefits form). A request for a review may be made orally or in writing and include the following information:

- Your name and ID number
- The claim number (from your Explanation of Benefits form)
- The name of the dentist

DDWA will review your claim, make a determination within 14 days of receiving your request, and may take up to an additional 16 days with the delivery of this notice, for a total of 30 days. DDWA will send you a written notification of the review decision and information regarding any further appeal rights available should the result be unfavorable to you. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision. Informal reviews of wholly or partially denied claims are conducted by persons not involved in the initial claim determination.

Formal Review

If you are dissatisfied with the outcome of the informal review, you may request in writing that your claim be reviewed formally by the DDWA Appeals Committee. This Committee includes only persons who were not involved in either the original claim decision or the informal review.

Your request for a review by the Appeals Committee must be made within 90 days of the post-marked date of the letter notifying you of the informal review decision. Your request should include the information noted above plus a copy of the informal review decision letter. You may also submit any other documentation or information you believe supports your case.

The Appeals Committee will review your claim and make a determination within 30 days of receiving your request, and send you a written notification of the review decision. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision.

You have the right to bring a civil action under Section 502(a) of ERISA after having exhausted the internal benefit determination process. Please refer to The Boeing Health and Welfare Plans Summary Plan Description for more information regarding your rights under ERISA.

Whenever DDWA makes an adverse determination and delay would jeopardize the eligible person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral appeal and issue a decision no later than seventy-two hours after receipt of the appeal. If the treating Licensed Professional determines that delay could jeopardize the eligible person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review consistent with applicable regulation.

Coordination of Benefits

This Plan does not coordinate benefits with other plans. If other plans are covering you, this plan will be primary.

Subrogation

Based on the following legal criteria, subrogation means that if you receive this Plan's benefits for an injury or condition possibly caused by another person, you must include in your insurance claim or liability claim the amount of those benefits. After you have been fully compensated for your loss any money recovered in excess of full compensation must be used to reimburse DDWA. DDWA will prorate any attorneys' fees against the amount owed.

Member Rights and Responsibilities

As a DeltaCare member, you have the right to:

- Be provided with appropriate information about DeltaCare and its benefits, providers and policies
- Be informed of your diagnosis, the proposed treatment and prognosis by your dentist
- Give informed consent before beginning any dental treatment and be made aware of the consequences of refusing treatment
- Obtain a copy of your dental record, in accordance with the law
- Be treated with respect and have your dignity and need for privacy recognized

To receive the best oral health care possible, it is your responsibility to:

- Know your benefit coverage and how it works.
- Arrive at the dental office on time or let the dental office know well in advance if you are unable to keep a scheduled appointment. Some offices require 24 hours' notice for appointment cancellations before they will waive service charges.
- Ask questions about treatment options that are available to you regardless of coverage levels or cost.
- Give accurate and complete information about your health status and history and the health status and history of your family to all care providers when necessary.
- Read carefully and ask questions about all forms and documents which you are requested to sign, and request further information about items you do not understand.
- Follow instructions given by your dentist or their staff concerning daily oral health improvement or post-service care.
- Send requested documentation to Delta Dental of Washington to assist with the processing of claims, Confirmation of Treatment and Costs or appeals.
- If applicable, pay the dental office the appropriate co-payments amount at time of visit.
- Respect the rights, office policies and property of each dental office you have the opportunity to visit.
- Inform your dentist and your employer promptly of any change to your or a family member's address, telephone, or family status.

Nondiscrimination and Language Assistance Services

Delta Dental of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Washington:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language and service to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Delta Dental of Washington's Customer Service at: If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Isaac Lenox, Compliance/Privacy Officer, PO Box 75983 Seattle, WA 98175, Ph: 1(800)554-1907, TTY: 1-800-833-6384, Fx: (206) 729-5512 or by email at: Compliance@DeltaDentalWA.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Isaac Lenox, Compliance/Privacy Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language	Tagline	Nondiscrimination Statement
Amharic	እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Delta Dental of Washington ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1(800)554-1907 ይደውሉ።	ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Delta Dental of Washington ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 1(800)554-1907 ይደውሉ።
Arabic	اعاسملدة ىلع اصحلول اقحل يف ديكلف والعملوامت Delta Dental of Washington خشص لدى أو لديك اكن إن ألةلئسا صخبوص دهعاست 1(800)554-1907 حتللدث دون من اضلرورةي تغلبك ىمع اقيه ةفلكة. بـ اصتل رجمتم	Delta Dental of Washington المعشلار هذا ويحيد طبلك ةمهم صخبوص لعموامت المعشلار هذا هةما حيوي وامتلعم. هذا المةماهل يف اتلوارخيِ عن احبث لاخل اغتلطةيِ من ىلع ولصحلل ىلع يف توارخيِ ةنيعم افحللظ اجراء اختلاذ اتحتج قد. المعشلار دعف 1 يف عاسملدة او اقيحصل طتيكغت(800)554-1907 ايلاكتلف. لك يف اصحلور اقحل ىلع اصحلور العملوامت واعاسملدة تغلبك بـ اصتل ةفلكتِ أي دون نم
Cambodian (Mon-Khmer)	្រសិនបរើអ្នក ឬនរណាម្នក់ដែលអ្នកកំពុងដែជួយ ម្នសំណួរអ្ំពី Delta Dental of Washington បេ, អ្នកម្នសិេធិេេ្ជលជំនួយនិងព័ែ៌ម្ន ជៅកនុងភាសា ររស់អ្នក ជោយមិនអ្ស្ប្ាក់ ។ បែេីមបីនិយាយជាមួយអ្នករកដប្ រសូម 1(800)554-1907.។	បសចកតីជូនែំណឹងបនេះ ម្នព័ែ៌ម្នយា៉ាង សំខាន់ ។ បសចកតីជូនែំណឹងបនេះ ម្នព័ែ៌ម្នយា៉ាង សំខាន់ អ្ំពីេប្ងដររេ ឬ ការ៉ា រ៉ង ររស់អ្នកភាមរយៈ Delta Dental of Washington ។ សូមដសែងរកកាលរបិបចេេសំខាន់ចាំច់ ជៅកនុងបសចកតីជូនែំណឹងបនេះ ។ អ្នកប្ដែលជាប្ែ៉ូវការរបចេញសកមមភាព ែ៉ល់កំណែ់ថ្ងៃជាក់ចាស់នានា បែេីមបីនឹងរកាេុកការ៉ា រ៉ងសុខភាពររស់អ្នក ឬប្ាក់ជំនួយបចញ្ថ្ងៃ ។ អ្នកម្នសិេធិេេ្ជលព័ែ៌ម្នបនេះ

		និងជំនួយជៅកនុងភាសាររស់អ្នកជោយមិនអ្ូលុយ បេ ើយ។ សូមេ្ូរស័ពទ 1(800)554-1907.
Chinese	如果您，或是您正在協助的對象，有關於[插入項目的名稱 Delta Dental of Washington 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1(800)554-1907.	本通知有重要的訊息。本通知有關於您透過[插入項目的名稱 Delta Dental of Washington 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 1(800)554-1907.
Cushite (Oromo)	Isin yookan namni biraa isin deeggartan Delta Dental of Washington irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1(800)554-1907 tiin bilbilaa.	Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Delta Dental of Washington tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 1(800)554-1907 tii bilbilaa.
German	Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Washington haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1(800)554-1907 an.	Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Delta Dental of Washington. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1(800)554-1907.
Japanese	ご本人様、またはお客様の身の回りの方でも Delta Dental of Washingtonについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合 1(800)554-1907 までお電話ください。	この通知には重要な情報が含まれています。この通知には Delta Dental of Washingtonの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます 1(800)554-1907 までお電話ください。
Korean	만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Washington 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와	본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Delta Dental of Washington 을 통한 커버리지 에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가

	얘기하기 위해서는 1(800)554-1907로 전화하십시오.	있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1(800)554-1907 로 전화하십시오.
Laotian	ຖ ◌ທ, ◌ ◌ ◌

		Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1(800)554-1907.
Tagalog	Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Delta Dental of Washington, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1(800)554-1907.	Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Delta Dental of Washington. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1(800)554-1907.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Delta Dental of Washington, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на 1(800)554-1907.	Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через Delta Dental of Washington. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 1(800)554-1907.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Washington, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1(800)554-1907.	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Washington. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ trúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1(800)554-1907.

Glossary

Alveolar — Pertaining to the ridge, crest or process of bone which projects from the upper and lower jaw and supports the roots of the teeth.

Appeal — An oral or written communication by a subscriber requesting the reconsideration of the resolution of a previously submitted complaint or, in the case of claim determination, the determination to deny, modify, reduce, or terminate payment, coverage, authorization, or provision of health care services or benefits.

Bitewing X-ray — An x-ray that reveals the condition of the top visible part of the upper and lower molar teeth.

Caries — Decay. A disease process initiated by bacterially produced acids on the tooth surface.

Complaint — An oral or written report by a subscriber or authorized representative regarding dissatisfaction with customer service or the availability of a health service.

Covered Dental Benefit - Those dental services which are covered under this plan, subject to the limitations set forth in Benefits Covered By Your Plan.

Crown — A restoration that replaces the entire surface of the visible portion of tooth.

Emergency Dental Condition — The emergent and acute onset of a symptom or symptoms, including severe pain, that would lead a prudent layperson acting reasonably to believe that a dental condition exists that requires immediate dental attention, if failure to provide dental attention would result in serious impairment to oral functions or serious dysfunction of the mouth or teeth, or would place the person's oral health in serious jeopardy.

Emergency Examination — Otherwise covered dental care services medically necessary to evaluate and treat an Emergency Dental Condition.

Endodontics — That branch of dentistry which deals with the diagnosis and treatment of diseases of the dental pulp and tissues around the root end.

Exclusions — Dental services which are not a contract benefit set forth in Benefit Covered By Your Plan and all other services not specifically included as a Covered Dental Benefit set forth in Benefit Covered By Your Plan.

Fluoride — A substance when topically applied or applied to drinking water is effective in resisting tooth decay.

General Anesthesia — A drug or gas which produces unconsciousness and insensibility to pain.

Implant — A graft or insert set firmly onto or deeply into the alveolar area prepared for its insertion. It may support a crown or crowns, a bridge abutment, a partial denture or a complete denture.

Inlay — A dental filling shaped to the form of a cavity and then inserted and secured with cement.

Intravenous (I.V.) Sedation — A form of sedation whereby the patient experiences a lowered level of consciousness, but is still awake and can respond.

Licensed Professional — means an individual legally authorized to perform services as defined in their license. Licensed Professional includes, but is not limited to, denturist, hygienist and radiology technician.

Lifetime Maximum — The Maximum amount DDWA will pay in the specified covered dental benefit class for an insured individual during the time that individual is on this Plan or any other Plan offered by this Employer.

Limitations — Restricting conditions, such as age, period of time covered and waiting periods, under which a group or individual is insured. Dental services which are subject to restricting conditions set forth in Benefits Covered By Your Plan.

Localized delivery of antimicrobial agents — Treating isolated areas of advanced gum disease by placing antibiotics or other germ-killing drugs into the gum pocket. This therapy is viewed as an alternative to gum surgery when conditions are favorable.

Occlusal Adjustment — Modification of the occluding surfaces of opposing teeth to develop harmonious relationships between the teeth themselves and neuromuscular mechanism, the temporomandibular joints and the structure supporting the teeth.

Occlusal Guard — A removable dental appliance — sometimes called a nightguard — that is designed to minimize the effects of gnashing or grinding of the teeth (bruxism). An occlusal guard (nightguard) is typically used at night.

Open Enrollment Period — The annual period in which subscribers can select benefits plans and add or delete eligible dependents.

Palliative Treatment — Services provided for emergency relief of dental pain.

Primary Care Dentist or Primary Care Provider (PCD)— The primary care dentist selected upon enrollment in the DeltaCare plan provides all necessary dental care and referrals.

Panorex X-ray — An x-ray system using two points of rotation to obtain a panoramic view of the dental arches.

Periodontics — That branch of dentistry which deals with the prevention and treatment of diseases of the bone and soft tissues surrounding the teeth.

Prophylaxis — The control of dental and oral diseases by preventive measures, especially the mechanical cleansing of the teeth.

Prosthodontics — That branch of dentistry which deals with the replacement of missing teeth or oral tissues by artificial means, such as crowns, bridges and dentures.

Restorative — A process used to replace a lost tooth or part, or the diseased portion of one, by artificial means as with a filling, crown, bridge or denture designed to restore proper dental function.

Root Planing — A procedure done to smooth roughened root surfaces.

Sealants — A resinous material designed for application to the surfaces of posterior teeth in order to seal the surface irregularities and prevent tooth decay.

Temporomandibular Joints — The joint just ahead of the ear, upon which the lower jaw swings open and shut, and can also slide forward.

Your smile is part of an incredible, complex system – your body. Research shows your smile's health influences your body's health the same way an engine effects how a car performs. Taking care of your smile now helps prevent painful, expensive problems down the road.

Here are our top tips for a healthy smile:

- Brush for two minutes, twice a day with fluoride toothpaste
- Floss at least once a day
- Eat a well-balanced diet
- Drink fluoridated water
- Visit your dentist at least once a year

Remember, your smile has a great service plan – your dental coverage. It makes dental visits easy and affordable.

So, why wait? Call your dentist and schedule your next visit today. If you're looking for a dentist, visit DeltaDentalWA.com to find one near you.

Follow us online for fun, helpful tips to keep your smile healthy and get the most from your dental benefits.

