

Dental Retiree PPO Plan

Benefit Summary

	PPO Dentist	Non-PPO Dentists	Out-of-State Dentist
Class I Benefits	90%	80%	90%
Class II Benefits	70%	60%	70%
Class III Benefits	50%	40%	50%
Annual Plan Maximum	\$1,000	\$1,000	\$1,000
Annual Deductible	\$50 individual	\$50 individual	\$50 individual
<i>Waived for Class I benefits</i>	\$150 family	\$150 family	\$150 family

Plan Year January 1 – December 31

In-Network Dentists must be used to receive benefits listed above.

Find in-network dentists at www.deltadentalwa.com/awc.
Refer to your dental booklet for limitations and exclusions.

Your dental plan covers Class I, Class II, and Class III benefits at the percentage listed above.

Class I Benefits:

*Covers diagnostic & preventative care:

- Routine Examination & Cleaning (up to 2 times annually)
- Comprehensive Oral Exam (covered 1 time in a 3-year period, instead of 1 routine exam)
- X-rays (limitations apply)
- Emergency Examinations
- Topical Application of Fluoride (up to 2 times annually)

Class II Benefits:

*Covers restorative, oral surgery, periodontics & endodontics care:

- Amalgam/composite fillings
- Crowns
- Removal of teeth
- Preparation of the mouth for insertion of dentures
- Procedures for pulpal and root canal treatment
- *In certain conditions of oral health, general anesthesia or intravenous sedations may be covered*

Class III Benefits:

*Covers periodontics & prostodontics care:

- Dentures
- Fixed partial dentures (fixed bridges)
- Inlays (only when used as a retainer for a fixed bridge)
- Removable partial dentures

* Please see dental booklet for limitations, and exclusions of this dental plan.

This benefit summary is intended only as a plan overview. It does not include all parameters, limitations and exclusions of the plan.



Delta Dental of Washington

