



## **WEA Select Retiree Dental Plan**

Rates (effective 11/1/2018-10/31/2019)				
Retiree	\$46.90	Retiree + Spouse	\$93.63	
Retiree + Child(ren)	\$86.73	Retiree + Spouse + Child(ren)	\$133.46	

## **Benefit Quick Reference Guide**

	Delta Dental PPO <sup>sM</sup> Dentist	Delta Dental Premier' Dentist**	Nonparticipating Dentist**	
Benefit Year	9/1/2018 - 8/31/2019			
Benefit Year Maximum	\$1,500			
Deductible*	\$25 per person; \$75 per family			
Class I* (Exams, cleanings, fluoride, x-rays)	100%	80%	80%	
Class II (Fillings, extractions, root canals, periodontics)	80%	70%	70%	
Class III (Crowns, dentures, bridges, partials)	50%	40%	40%	

<sup>\*</sup> Deductible waived for Class I Benefit.

If you have questions, please call Delta Dental of Washington customer service at (800) 554-1907 or (206) 522-2300 Monday - Friday 8 a.m. to 5 p.m. Pacific Time, or visit DeltaDentalWA.com.

<sup>\*\*</sup> Based on Delta Dental of Washington participating dentists' pre-approved fees or the maximum allowable fees for nonmember dentists in Washington, whichever is less.