

# BNA Union Represented Actives

Group# 04609

## Delta Dental PPO<sup>SM</sup> Plan

### Benefit Summary

| Effective Date                                                                                                                                                                                                                                                                                                   | January 1, 2026                        |                  |                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------|-----------------------------|
| Benefit Period                                                                                                                                                                                                                                                                                                   | January 1, 2026 – December 31, 2026    |                  |                             |
| Benefit Period Maximum (Per Person)                                                                                                                                                                                                                                                                              | \$3,000                                |                  |                             |
|                                                                                                                                                                                                                                                                                                                  | Dental Network                         |                  |                             |
|                                                                                                                                                                                                                                                                                                                  | Delta Dental PPO <sup>SM</sup> Dentist | Non-PPO Dentists | Outside of the service area |
| Benefit Period Deductible                                                                                                                                                                                                                                                                                        |                                        |                  |                             |
| Waived on Class I (in-network only)<br>Per Person Per Benefit Period<br>Annual Family Maximum                                                                                                                                                                                                                    | \$50<br>\$150                          | \$75<br>\$225    | \$50<br>\$150               |
| Class I – Diagnostic & Preventive                                                                                                                                                                                                                                                                                |                                        |                  |                             |
| Exams, Cleaning, Fluoride, X-Rays and Sealants                                                                                                                                                                                                                                                                   | 100%                                   | 80%              | 100%                        |
| Class II – Basic                                                                                                                                                                                                                                                                                                 |                                        |                  |                             |
| Restorations, Endodontics, Periodontics and Oral Surgery<br><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%                                    | 50%              | 80%                         |
| Class III – Major                                                                                                                                                                                                                                                                                                |                                        |                  |                             |
| Crowns, Dentures, Partial Dentures, Bridges and Implants<br><i>DDWA recommends submitting your surgical implant charges to your medical carrier along with a copy of your EOB as you may have additional coverage available to you under your medical plan.</i>                                                  | 60%                                    | 50%              | 60%                         |
| Orthodontia                                                                                                                                                                                                                                                                                                      |                                        |                  |                             |
| Orthodontia (Deductible does not apply)<br>Adults & Dependent Children<br>Lifetime Maximum (Per Person)                                                                                                                                                                                                          | 50%<br>\$4,000                         | 50%<br>\$4,000   | 50%<br>\$4,000              |

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.

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Please feel free to call our Customer Service Department if you have any questions. Or visit our website at [DeltaDentalWA.com/Boeing](https://www.DeltaDentalWA.com/Boeing).

## Here's some important information to help you use your benefits:

### Finding a participating dentist

Under your plan, you can choose any dentist from the Delta Dental PPO<sup>SM</sup> or Delta Dental Premier<sup>®</sup> network. You can find a participating, in-network, dentist in your area by visiting [DeltaDentalWA.com/Boeing](https://DeltaDentalWA.com/Boeing) and using our Find a Dentist tool. Select the Delta Dental PPO network to filter your search results.

### The advantages of seeing a Delta Dental PPO dentist

We encourage you to see a Delta Dental PPO network dentist because they provide services at discounted rates and file all claims paperwork for you. PPO dentists receive payment based on their pre-approved, discounted PPO fees and they cannot charge you more than these fees. You're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. When you select a dentist who is part of the Delta Dental PPO network, your benefits will be paid at a higher level and your out-of-pocket expenses may be lower.

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

Delta Dental Premier dentists are participating dentists but are not part of the Delta Dental PPO network. If you see a Premier dentist your out-of-pocket costs may be higher. Premier dentists receive payment based on their pre-approved fees with Delta Dental of Washington and they cannot charge you more than those fees. You're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the program maximums.

### Visiting your participating, in-network, dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

### Visiting a non-participating, out-of-network, dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. You're then responsible for any balance remaining. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

### Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

### Have a question?

Give us a call at 877.521.2101 or text us at 833.604.1246, Monday – Friday from 6 am to 5 pm, Pacific Time. We're happy to help.