DELTA DENTAL of Washington

Group # 09145

Delta Dental Individual and Family®
Kaiser Permanente I&F Basic Family Plan
Benefit Summary

Benefit Period	Beginning the first day of the month your coverage begins and ending December 31, 2027.

	Pediatric Members Members 18 years of age and under	Adult Members Members 19 years of age and older
Maximum Benefit	No Annual Maximum	$1,250 Annual Plan Maximum $1,000 Annual TMJ Maximum $5,000 Lifetime TMJ Maximum
Annual Deductible	$85 per child per year	$50 per adult per year
Out-of-Pocket Maximum	$450 per child per year $900 per year for families with 2 or more children	NA

Pediatric Dental Benefits	
Covered Dental Benefits	**Amount of Maximum Allowable Fee DDWA Pays**
Pediatric Diagnostic and Preventative Services, and Accidental Injury Benefits	100% Deductible waived for these benefits
Pediatric Adjunctive General Services, Simple Restorative Services, Oral Surgery, Periodontics and Endodontics.	70%
Crowns and Prosthodontics	50%
MedicallyNecessary Orthodontia Benefits	50% Deductible waived for these benefits

Only fees paid to a Delta Dental PPO℠ or a Delta Dental Premier® Dentist accrue to the annual Out-of-Pocket Maximum.

Adult Dental Benefits	
Covered Dental Benefits	**Amount of Maximum Allowable Fee DDWA Pays**
Adult Diagnostic and Preventative Services, and Accidental Injury Benefits	100 % Deductible is waived for these services
Adult Sedation and Palliative Treatment, Restorative Services, Oral Surgery, Periodontics, Endodontics, Occlusal Guards, Prosthodontics, and Temporomandibular Joint Benefits	50%

This is a brief summary of your dental benefits and does not include all covered benefits, limitations and exclusions. Please refer to your benefits booklet for a complete list of benefits covered by your plan.

All medical plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

DELTA DENTAL Delta Dental of Washington

Get the most from your benefits!



Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our "Find your member ID" tool makes registration easy. Visit DeltaDentalWA.com to create your account.

Choose an in-network dentist

Seeing a non-participating dentist means greater out-of-pocket costs! Your plan gives you access to the Delta Dental PPO℠ and Delta Dental Premier® networks.

	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental
Your plan's network	✓	✓	
Least out-of-pocket costs	✓		
Files claims forms for you	✓	✓	
Comes with our quality management and cost protection	✓	✓	
No cost protection which means greatest out-of-pocket costs			✓

Find an in-network dentist near you:

1. Visit **DeltaDentalWA.com**
2. Click on 'Online Tools' and use our 'Find a Dentist' tool
3. Select 'Delta Dental PPO' or 'Delta Dental Premier' to filter your search results



Visit your dentist regularly

Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

Get out-of-pocket cost estimates

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

MySmile Cost Genie℠ gives you instant, cost estimates. It's great for basic treatments like fillings. Simply sign into MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a "Predetermination." You'll get a **Confirmation of Treatment and Cost** from us. It details your dentist's treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



Still have questions? Contact us, we're happy to help.

Call 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time
Text 833.604.1246, Monday – Friday from 7am to 5pm, Pacific Time
Visit DeltaDentalWA.com