

WHIT Plan F  
Group #00656

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

### Benefit Summary

|                                                                                            |                                     |
|--------------------------------------------------------------------------------------------|-------------------------------------|
| <b>Effective Date</b>                                                                      | January 1, 2026                     |
| <b>Benefit Period</b>                                                                      | January 1, 2026 – December 31, 2026 |
| <b>Benefit Period Deductible</b><br>Does not apply to Class I<br>(Per Person / Per Family) | \$50/\$150                          |
| <b>Benefit Period Maximum</b> (Per Person)<br>Does not apply to Class I                    | \$1,000                             |
| <b>TMJ</b><br>Annual Maximum (Per Person)<br>Lifetime Maximum (Per Person)                 | 50%<br>\$1,000<br>\$5,000           |

|                                   |      | Dental Network                            |                                              |                              |
|-----------------------------------|------|-------------------------------------------|----------------------------------------------|------------------------------|
|                                   |      | Delta Dental<br>PPO <sup>SM</sup> Dentist | Delta Dental<br>Premier <sup>®</sup> Dentist | Non-Participating<br>Dentist |
| Class I – Diagnostic & Preventive |      |                                           |                                              |                              |
| Exams                             | 100% | 80%                                       | 80%                                          |                              |
| Cleaning                          |      |                                           |                                              |                              |
| Fluoride                          |      |                                           |                                              |                              |
| X-Rays                            |      |                                           |                                              |                              |
| Sealants                          |      |                                           |                                              |                              |
| Class II – Restorative            |      |                                           |                                              |                              |
| Fillings                          | 80%  | 70%                                       | 70%                                          |                              |
| Endodontics (Root Canal)          |      |                                           |                                              |                              |
| Periodontics                      |      |                                           |                                              |                              |
| Oral Surgery                      |      |                                           |                                              |                              |
| Class III – Major                 |      |                                           |                                              |                              |
| Dentures                          | 50%  | 40%                                       | 40%                                          |                              |
| Occlusal (Night) Guards           |      |                                           |                                              |                              |
| Implants                          |      |                                           |                                              |                              |
| Bridges                           |      |                                           |                                              |                              |
| Crowns                            |      |                                           |                                              |                              |
| Onlays                            |      |                                           |                                              |                              |

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 or visit our website at [DeltaDentalWA.com](http://DeltaDentalWA.com) if you have any questions.

You will likely experience the greatest out-of-pocket savings when you see a Delta Dental PPO dentist.

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

### Finding a participating dentist

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

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

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

### 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 after we pay. 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, an estimate of what Delta Dental of Washington will pay 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 800.554.1907, Monday – Friday from 7 am to 5 pm, Pacific Time. We're happy to help.