

# Washington Farm Bureau Plan 2 - Ortho Group # 00086

# Delta Dental PPO™ Plan Benefit Summary

| Effective Date                      | October 1, 2023    |  |  |
|-------------------------------------|--------------------|--|--|
| Benefit Period                      | January – December |  |  |
| Benefit Period Maximum (Per Person) | \$2,000            |  |  |
| TMJ                                 | 50%                |  |  |
| Annual Maximum (Per Person)         | \$1,000            |  |  |
| Lifetime Maximum (Per Person)       | \$5,000            |  |  |
| Orthodontia – Adults & Children     | 50%                |  |  |
| Lifetime Maximum (Per Person)       | \$1,000            |  |  |

|  | Dental Network               |                                  |                              |  |  |  |
|--|------------------------------|----------------------------------|------------------------------|--|--|--|
|  | Delta Dental<br>PPO™ Dentist | Delta Dental<br>Premier® Dentist | Non-Participating<br>Dentist |  |  |  |
| Benefit Period Deductible                            |                              |                                  |                              |  |  |  |
| Does Not Apply to Class I<br>(Per Person/Per Family) | \$25/\$75                    | \$25/\$75                        | \$25/\$75                    |  |  |  |
| Class  | I – Diagnostic & Preve       | ntive                            |                              |  |  |  |
| Exams  |                              | 100%                             | 100%                         |  |  |  |
| Cleaning   | 100%                         |                                  |                              |  |  |  |
| Fluoride   |                              |                                  |                              |  |  |  |
| X-Rays   |                              |                                  |                              |  |  |  |
| Sealants   |                              |                                  |                              |  |  |  |
|  | Class II – Restorative       |                                  |                              |  |  |  |
| Fillings   |                              | 80%                              | 80%                          |  |  |  |
| Endodontics (Root Canal)                             | 90%                          |                                  |                              |  |  |  |
| Periodontics   |                              |                                  |                              |  |  |  |
| Oral Surgery   |                              |                                  |                              |  |  |  |
| General Anesthesia/IV Sedation                       |                              |                                  |                              |  |  |  |
| Class III – Major                                    |                              |                                  |                              |  |  |  |
| Dentures   | 50%                          | 50%                              | 50%                          |  |  |  |
| Partial Dentures                                     |                              |                                  |                              |  |  |  |
| Implants   |                              |                                  |                              |  |  |  |
| Bridges  |                              |                                  |                              |  |  |  |
| Crowns   |                              |                                  |                              |  |  |  |



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at **DeltaDentalWA.com** if you have any questions.

Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.



# 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

Your plan gives you access to the Delta Dental PPO<sup>sM</sup> network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won't maximize your benefits. Your annual maximum won't go as far and you'll likely have greater out-of-pocket costs.

|   | Delta Dental PPO | Delta Dental Premier | Non-Delta Dental |
|---|------------------|----------------------|------------------|
| Your plan's network   | ✓                |                      |                  |
| Benefits go farthest which means 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' 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<sup>™</sup> gives you instant, cost estimates. It's great for basic treatments like fillings. Simply sign in to 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.





### Have a question?

Give us a call at 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time. We're happy to help.