### Washington Farm Bureau Plan 4 Group # 00088

## Delta Dental PPO<sup>™</sup> Plan

# **Benefit Summary**

| Effective Date                      | October 1, 2025    |
|-------------------------------------|--------------------|
| Benefit Period                      | January – December |
| Benefit Period Maximum (Per Person) | \$1,500            |
| ТМЈ                                 | 50%                |
| Annual Maximum (Per Person)         | \$1,000            |
| Lifetime Maximum (Per Person)       | \$5,000            |

|                                | Dental Network                    |                              |  |  |  |  |  |
|--------------------------------|-----------------------------------|------------------------------|--|--|--|--|--|
|                                | Delta Dental                      | Delta Dental                 | Non-Participating  |  |  |  |  |
|                                | PPO <sup>s</sup> Dentist          | Premier <sup>®</sup> Dentist | Dentist  |  |  |  |  |
|                                | Benefit Period Deductible         |                              |  |  |  |  |  |
| Does Not Apply to Class I      | \$25/\$75                         | \$25/\$75                    | \$25/\$75  |  |  |  |  |
| (Per Person/Per Family)        |                                   |                              | <i><i><i><i><i>ϕ</i></i>=57<i><i>ϕ</i>75</i></i></i></i> |  |  |  |  |
| Class                          | Class I – Diagnostic & Preventive |                              |  |  |  |  |  |
| Exams                          | 100%                              | 80%                          | 80%  |  |  |  |  |
| Cleaning                       |                                   |                              |  |  |  |  |  |
| Fluoride                       |                                   |                              |  |  |  |  |  |
| X-Rays                         |                                   |                              |  |  |  |  |  |
| Sealants                       |                                   |                              |  |  |  |  |  |
|                                | Class II – Restorative            |                              |  |  |  |  |  |
| Fillings                       | 90%                               | 70%                          | 70%  |  |  |  |  |
| Endodontics (Root Canal)       |                                   |                              |  |  |  |  |  |
| Periodontics                   |                                   |                              |  |  |  |  |  |
| Oral Surgery                   |                                   |                              |  |  |  |  |  |
| General Anesthesia/IV Sedation |                                   |                              |  |  |  |  |  |
| Class III – Major              |                                   |                              |  |  |  |  |  |
| Dentures                       | 50%                               | 40%                          | 40%  |  |  |  |  |
| 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<sup>®</sup> 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>™</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  | 1                |                      |                  |
| 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.