

Washington Farm Bureau Plan 4  
Group # 00088

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

|                                            |                    |
|--------------------------------------------|--------------------|
| <b>Effective Date</b>                      | December 1, 2026   |
| <b>Benefit Period</b>                      | January – December |
| <b>Benefit Period Maximum (Per Person)</b> | \$1,500            |
| <b>TMJ</b>                                 | 50%                |
| Annual Maximum (Per Person)                | \$1,000            |
| Lifetime Maximum (Per Person)              | \$5,000            |

|                                                      | Dental Network                            |                                              |                              |
|------------------------------------------------------|-------------------------------------------|----------------------------------------------|------------------------------|
|                                                      | Delta Dental<br>PPO <sup>SM</sup> Dentist | Delta Dental<br>Premier <sup>®</sup> 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 & 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](https://www.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](https://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](https://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>SM</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.