

Olympic Benefits Trust – Plan D, Ortho 1  
Group # 00628

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

### Benefit Summary

|                                                              |                                           |                                              |                              |
|--------------------------------------------------------------|-------------------------------------------|----------------------------------------------|------------------------------|
|                                                              |                                           |                                              |                              |
| Effective Date                                               | January 1, 2026                           |                                              |                              |
| Benefit Period                                               | January 1st – December 31st               |                                              |                              |
| Orthodontia – Children Only<br>Lifetime Maximum (Per Person) | 50%<br>\$1,000                            |                                              |                              |
|                                                              | Dental Network                            |                                              |                              |
|                                                              | Delta Dental<br>PPO <sup>SM</sup> Dentist | Delta Dental<br>Premier <sup>®</sup> Dentist | Non-Participating<br>Dentist |
| Benefit Period Maximum                                       |                                           |                                              |                              |
| Per Person                                                   | \$1500                                    | \$1250                                       | \$1250                       |
| Benefit Period Deductible                                    |                                           |                                              |                              |
| Does Not Apply to Class I<br>(Per Person/Per Family)         | \$50/\$150                                | \$100/\$300                                  | \$100/\$300                  |
| Class I – Diagnostic & Preventive                            |                                           |                                              |                              |
| Exams                                                        | 100%                                      | 80%                                          | 80%                          |
| Cleaning                                                     |                                           |                                              |                              |
| Fluoride                                                     |                                           |                                              |                              |
| X-Rays                                                       |                                           |                                              |                              |
| Sealants                                                     |                                           |                                              |                              |
| Class II – Restorative                                       |                                           |                                              |                              |
| Fillings                                                     | 80%                                       | 60%                                          | 60%                          |
| Endodontics (Root Canal)                                     |                                           |                                              |                              |
| Periodontics                                                 |                                           |                                              |                              |
| Oral Surgery                                                 |                                           |                                              |                              |
| Class III – Major**                                          |                                           |                                              |                              |
| Dentures                                                     | 50%                                       | 40%                                          | 40                           |
| Occlusal Guard (for gum disease only)                        |                                           |                                              |                              |
| Implants                                                     |                                           |                                              |                              |
| Bridges                                                      |                                           |                                              |                              |
| Crowns                                                       |                                           |                                              |                              |
| Onlays                                                       |                                           |                                              |                              |

\*\* There is a six month wait period for Class III and Orthodontic benefits on all plans under 10 employees, for employer groups without prior coverage, and for new employees who enroll after the group's initial effective date.



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.