

# Business Health Trust – Voluntary Dental Plan 7

Group #09614

## Delta Dental Voluntary PPO™ Plan Benefit Summary

|                                                                           |                                        |                                           |                           |
|---------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------|
|                                                                           |                                        |                                           |                           |
| Benefit Period Maximum (Per Person)                                       | \$1,500                                |                                           |                           |
| TMJ                                                                       | 50%                                    |                                           |                           |
| Annual Maximum (Per Person)                                               | \$1,000                                |                                           |                           |
| Lifetime Maximum (Per Person)                                             | \$5,000                                |                                           |                           |
|                                                                           |                                        | Dental Network                            |                           |
|                                                                           | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Non-Participating Dentist |
| Benefit Period Deductible                                                 |                                        |                                           |                           |
| Does Not Apply to Class I (Per Person/Per Family)                         | \$50/\$150                             | \$50/\$150                                | \$50/\$150                |
| Class I – Diagnostic & Preventive                                         |                                        |                                           |                           |
| Class 1 services do not apply towards your annual benefit period maximum! |                                        |                                           |                           |
| Exams                                                                     | 100%                                   | 100%                                      | 100%                      |
| Cleaning                                                                  |                                        |                                           |                           |
| Fluoride                                                                  |                                        |                                           |                           |
| X-Rays                                                                    |                                        |                                           |                           |
| Sealants                                                                  |                                        |                                           |                           |
| Class II – Restorative                                                    |                                        |                                           |                           |
| Fillings                                                                  | 80%                                    | 80%                                       | 80%                       |
| Endodontics (Root Canal)                                                  |                                        |                                           |                           |
| 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](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.