

King County – Deputy Sheriff employee benefit group  
Group # 00285

**Delta Dental PPO<sup>SM</sup> — Incentive Plan**  
**Benefit Summary**

|   |                                     |
|---|-------------------------------------|
| <b>Effective Date</b>   | January 01, 2025                    |
| <b>Benefit Period</b>   | January 1, 2025 – December 31, 2025 |
| <b>Benefit Period Maximum (Per Person)</b>                                  | \$2,500                             |
| <b>TMJ</b><br>Lifetime Maximum (Per Person)                                 | 50%<br>\$500                        |
| <b>Orthognathic Surgery</b><br>Lifetime Maximum (Per Person)                | 70%<br>\$5,000                      |
| <b>Orthodontia – Adults &amp; Children</b><br>Lifetime Maximum (Per Person) | 50%<br>\$2,500                      |

|  | 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  | 70% – 100%                                | 70% – 100%                                   | 70% – 100%                   |
| Cleaning   |   |  |                              |
| Fluoride (Through age 18)                            |   |  |                              |
| X-Rays   |   |  |                              |
| Sealants   |   |  |                              |
| Class II – Restorative                               |   |  |                              |
| Fillings   | 70% – 100%                                | 70% – 100%                                   | 70% – 100%                   |
| Endodontics (Root Canal)                             |   |  |                              |
| Periodontics   |   |  |                              |
| Oral Surgery   |   |  |                              |
| Class III – Major                                    |   |  |                              |
| Crowns   | 70% - 85%                                 | 70% - 85%                                    | 70% - 85%                    |
| Dentures   | 70%                                       | 70%  | 70%                          |
| Partial Dentures                                     |   |  |                              |
| Implants   |   |  |                              |
| Bridges  |   |  |                              |
| Onlays   |   |  |                              |



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!

### How your plan works

Simply visit your dentist to increase your coverage level by 10% for the following year. Repeat until you achieve your maximum benefit levels.

Here's an example:

|  |  |  |
|--|--|--|
|  80% Visit your dentist this year!                              |  100% Visit your dentist this year!       |  80% Didn't visit your dentist this year. |
|  90% Visit your dentist next year.                              |  90% Didn't visit your dentist this year. |  70% Visit your dentist this year!        |
|  100% Keep visiting your dentist to stay at this benefit level. |  80% Didn't visit your dentist this year. |  80% Visit your dentist this year.        |

### Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup> networks.

|   | Delta Dental PPO | Delta Dental Premier | Non-Delta Dental |
|---|------------------|----------------------|------------------|
| Your plan's network   | ✓                |                      |                  |
| Benefits go farthest which means least out-of-pocket costs  | ✓                |                      |                  |
| 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://www.DeltaDentalWA.com)
2. Click on "Online Tools" and use our "Find a Dentist" tool
3. Select "Delta Dental PPO" to filter your search results

### 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.



Create a MySmile<sup>®</sup> account at [DeltaDentalWA.com](https://www.DeltaDentalWA.com) to access to your ID card, benefits information, out-of-pocket cost estimates, and more!

**Have a question?**

Give us a call at 800.554.1907 or text us at 1.833.604.1246, Monday – Friday from 7am to 5pm, Pacific Time. We're happy to help.