

# SPEEA – Scheduled Dental Plan

Group # 04360

## Delta Dental Premier® Plan Benefit Summary

| <b>Effective Date</b>   | January 1, 2021                     |                           |
|---|-------------------------------------|---------------------------|
| <b>Benefit Period</b>   | January 1, 2021 – December 31, 2021 |                           |
| <b>Benefit Period Maximum (Per Person)</b>  | \$2,000                             |                           |
|   | Dental Network                      |                           |
|   | Delta Dental Premier Dentist        | Non-Participating Dentist |
| Benefit Period Deductible   |                                     |                           |
| <b>Waived on Class I</b>  |                                     |                           |
| Per Person Per Benefit Period   | \$25                                | \$25                      |
| Annual Family Maximum   | \$75                                | \$75                      |
| Class I – Diagnostic & Preventive   |                                     |                           |
| <b>Exams, Cleaning, Fluoride, X-Rays and Sealants</b>   | 100% of the *Fee Schedule           | 100% of the *Fee Schedule |
| Class II – Basic  |                                     |                           |
| <b>Restorations, Endodontics, Periodontics and Oral Surgery</b>   | 100% of the *Fee Schedule           | 100% of the *Fee Schedule |
| Class III – Major   |                                     |                           |
| <b>Crowns, Dentures, Partial Dentures, Bridges and Implants</b><br><i>DDWA recommends submitting your surgical implant charges to your medical carrier along with a copy of your EOB as you may have additional coverage available to you under your medical plan</i> | 100% of the *Fee Schedule           | 100% of the *Fee Schedule |
| Orthodontia   |                                     |                           |
| <b>Orthodontia</b>  |                                     |                           |
| Adults & Dependent Children   | 50%                                 | 50%                       |
| Lifetime Maximum (Per Person)   | \$2,000                             | \$2,000                   |

Please Note: This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental Premier Plan. Please feel free to call our customer service department or visit our website at [DeltaDentalWA.com/Boeing](http://DeltaDentalWA.com/Boeing) if you have any questions.

\*To review the Fee Schedule please visit [deltadentalwa.com/Boeing](http://deltadentalwa.com/Boeing) and go to the Benefit Summary section and click on the [Fee Schedule](#) link located under group number 04360

## Here's some important information to help you use your benefits:

### Finding a Delta Dental Premier dentist

Finding an in-network dentist is easy. Visit [DeltaDentalWA.com/Boeing](http://DeltaDentalWA.com/Boeing) and use our Find a Dentist tool. Remember to select the Delta Dental Premier network to filter your search results.

### The advantages of seeing a Delta Dental Premier dentist

We encourage you to see a Delta Dental network dentist because they provide services at discounted rates and file all claims paperwork for you. We will pay our portion and you're only responsible for your stated deductibles, or amounts in excess of the plan maximums. **Payment is based on the SPEEA fee schedule with Delta Dental.** In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental network.

### Visiting your participating, in-network, dentist

Be sure to tell your dentist you're covered by Delta Dental of Washington and give them your member identification number, plan name and group number.

### Visiting a non-participating, out-of-network, dentist

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible to have the dentist complete your claim forms and to ensure that the claims are sent to us. Claim payments will be based on actual charges or our maximum allowable fees for non-participating dentists, whichever is less. **Payment is based on the SPEEA fee schedule with Delta Dental.** You're then responsible for any balance remaining after we pay. Unlike our participating dentists, we have no control over non-participating dentists' charges or billing procedures.

### Confirmation of Treatment and Cost (Formerly called Predeterminations)

If you are considering extensive treatments such as crowns, oral surgery, periodontics or prosthodontics, we recommend you ask your dentist to request a predetermination from us. We will process the request and provide you and your dentist with a Confirmation of Treatment and Cost (Confirmation). The Confirmation will show you what procedures will be covered, an estimate of what Delta Dental of Washington will pay and your expected financial responsibility. Confirmations are based on the treatment plan submitted by your dentist and the covered dental benefits available to you at the time the Confirmation is issued. Confirmations are estimates, not guarantees of payment.

### Have a question?

Give us a call at 877-521-2101, Monday – Friday from 7 am to 5 pm, Pacific Time. We're happy to help.