

Baden Sports, Inc
Group # 15001

Delta Dental PPO SM — Enhanced Benefit Summary				
Effective Date	August 01, 2024			
Benefit Period	January 1 – December 31			
Benefit Period Deductible Per Person/Per Family Waived on Class 1 Services	\$50/\$150			
Annual Maximum	\$1,500			
Diagnostic & Preventative Waiver	Class 1 Services do not Accumulate against the Annual Maximum			
TMJ Annual Maximum Lifetime Maximum	50% \$1,000 \$5,000			
Orthodontia Adults and Dependent children Coinsurance & Lifetime Maximum (Per Person)	50% \$2,000			
Dental Network				
	Delta Dental PPOSM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist	Out-of-State (Out-of-Service-Area Dentist
Class I – Diagnostic & Preventive				
Exams, X-rays, & Cleanings	100%	80%	80%	100%
Fluoride & Sealants				
Periodontal Maintenance				
Class II – Restorative				
Fillings & Posterior Composites	80%	70%	70%	80%
Oral Surgery				
Endodontics (Root Canal)				
Periodontics				
Athletic Mouth Guard				
Class III – Major				
Crowns & Bridges	50%	40%	40%	50%
Dentures & Partial Dentures				
Implants				



This is only a brief summary of benefits and does not include all information about this plan. This summary is not a contract for benefits. Once you are enrolled you will receive a benefits booklet that details your Delta Dental of Washington plan benefits. Please call our customer service department if you have any questions or visit us at DeltaDentalWA.com.

Put your dental benefits in the palm of your hand!

Activate your FREE MySmile® account

Get started at DeltaDentalWA.com/mysmile. Review your coverage overview, benefits usage, claims status and Explanation of Benefits (EOBs). It's how you use your benefits, with easy-to-use tools including:

- **Digital ID Card**
- **Find a Dentist**
- **Cost Estimator**

Save a tree, save yourself the wait. Choose "email notifications" in your MySmile account's Communication Preferences to reduce your carbon footprint AND receive EOBs more quickly!

Choose an in-network dentist

Seeing a non-participating dentist means greater out-of-pocket costs! Your plan gives you access to the Delta Dental PPO network. These dentists:

1. Provide treatment according to your plan's specific guidelines
2. Agree to accept lower fees
3. File claims for you

Find an in-network dentist near you:

1. Visit 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 a Confirmation of Treatment and Cost

When you need extensive treatment, like a crown, ask your dentist for a "Pre-treatment estimate." We'll send a **Confirmation of Treatment and Cost** document that details your dentist's treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



Still have questions? Contact us, we're happy to help.

Call 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time

Text 833.604.1246

Visit DeltaDentalWA.com