

Plan Overview

Group: 13646 - TRICO Companies LLC

Plan: Delta Dental PPO Standard Voluntary 100/80/50

This Plan is issued and delivered in the state of Washington and is governed by Washington State laws. This Plan Overview Page tells you important information about your Plan, which provides dental benefits to you and your dependents, and is subject to the terms set forth in the policy.

Understand your plan



*This is your Plan Overview Page. It provides general information about how much we pay for your treatment. **But this only tells you part of the story.** While this plan overview shows you the types of treatment we cover, it does not list specific procedures. For that, you need to look in your benefit booklet. That is where you will see which procedures are covered and which are not.*

Plan Information

Benefit Period:	Benefit Period means the period beginning the first day of January and continuing for 12 months.
Maximum Benefit:	\$ 1,000 Per person per benefit period <i>Benefits for Class I covered services do not apply to your annual maximum.</i>
TMJ Maximum Benefit:	\$ 1,000 Per person per benefit period, \$ 5,000 per person per lifetime
Optional Orthodontia for Adults and Eligible Children:	No Orthodontic Coverage
Plan Deductible:	\$ 50 Per person per benefit period, \$ 150 Per family per benefit period

Plan Details

Covered Dental Benefits	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-Participating Dentists*
	The percentages below are the Amount of Maximum Allowable Fee DDWA Pays.		
Class I: Diagnostic, Preventive and Periodontic Services	100% - without having to meet any deductible	80% - without having to meet any deductible	80% - without having to meet any deductible
Class II: Sedation and Palliative Treatment, Restorative Services, Oral Surgery and Adjunctive General Service	80% - after meeting any deductible	70% - after meeting any deductible	70% - after meeting any deductible
Class III: Periodontics, Endodontics, Restorative Services (Crowns) and Prosthodontics	50% - after meeting any deductible	40% - after meeting any deductible	40% - after meeting any deductible
Optional Orthodontia for Adults and Eligible Children	NOT COVERED		
Temporomandibular Joint	50% - after meeting any deductible		
Accidental Bodily Injury	100% - without having to meet any deductible		
Waiting Periods	There is no waiting period for covered benefits under this Plan.		

* DDWA has no control over the charges or billing practices of dentists who do not contract with Delta Dental. Our payments for services performed by these dentists will be based on actual charges or DDWA's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance remaining.