

**SOUND HEALTH & WELLNESS TRUST**

**DENTAL OPTIONS**

**FOR**

**SOUNDPLUS PLAN**

**2021 ENROLLMENT**

	<b>Delta Dental PPO #09135</b>	<b>DeltaCare #00404</b>	<b>Schedule Plan #09392</b>
<b>How it Works</b>	<p>This option requires you to choose from a list of dentists in a managed care network.</p> <ul style="list-style-type: none"> <li>• <u>DDWA/Delta Dental Preferred (PPO) Providers</u>: Seeing a Preferred Dentist will provide the highest level of benefits and may provide the lowest out of pocket costs.</li> <li>• <u>DDWA/Delta Dental Participating Providers</u>: These Dentists provide a discount, but your benefits percentage is lower and may result in higher out of pocket costs vs. a Preferred Dentist.</li> <li>• <u>Non-DDWA Dentist</u>: If your Dentist is not Preferred or Participating, your benefits will be lower, and you may have higher out of pocket costs. Reimbursement is made based on maximum allowable fees, which may leave you with a higher patient responsibility.</li> </ul>	<p>DeltaCare is a dental HMO plan. This option requires you to choose from a list of approved dentists and clinics.</p> <p>You MUST choose a DeltaCare primary care dentist who coordinates all of your care, including any referrals to specialists. Under this plan you cannot just see any licensed dentist for treatment.</p> <p>A list of DeltaCare providers can be found at <a href="http://www.deltadentalwa.com">www.deltadentalwa.com</a>. Make sure you have a DeltaCare provider in your area before enrolling in this option.</p>	<p>This option allows you to see any licensed dental provider.</p> <p>Your reimbursement will depend on which network the provider belongs to.</p> <p>Benefits will be paid according to the schedule of allowances. If treatment is performed by a participating dentist, the dentist may not charge more than their allowable fee. If treatment is performed by a non-participating dentist, dental charges in excess of the schedule will be your responsibility.</p>
<b>Annual Deductible (per calendar year)</b>	Individual: \$10 Family: \$30	Individual: None Family: None	Individual: \$10 Family: \$30
<b>Annual Maximum (per calendar year)</b>	\$2,500 per person	None	\$2,500 per person

The Trustees do not promise to continue any individual benefit or any level of benefits for any set period of time. They have the right to change, suspend, or discontinue a benefit under the plan at any time. Changes they make will take effect only after notice to participants.

This Plan comparison provides a general overview of Plan benefits. Please refer to your Summary Plan Description for specifics about covered expenses as well as exclusions and limitations.

	<b>Delta Dental PPO #09135</b>	<b>DeltaCare #00404</b>	<b>Schedule Plan #09392</b>
<b>Coinsurance</b>  Class I Procedures: <ul style="list-style-type: none"> <li>• Diagnostic</li> <li>• Preventative</li> </ul>	<u><i>DDWA/Delta Dental Participating Dentist</i></u> 100% of charges for preferred providers 75% of charges for non-preferred providers  <u><i>Non-DDWA Participating Dentist</i></u> 75% of allowable fees	Covered procedures are provided with no co-payment when performed by an assigned DeltaCare Dentist.	Paid per Plan's Schedule of Allowances.
Class II Procedures: <ul style="list-style-type: none"> <li>• Restorations</li> <li>• Oral Surgery</li> <li>• Periodontics</li> <li>• Endodontics</li> <li>• General Anesthesia</li> <li>• Intravenous Sedation</li> <li>• Palliative Care</li> </ul>	<u><i>DDWA/Delta Dental Participating Dentist</i></u> 85% of charges for preferred providers 75% of charges for non-preferred providers  <u><i>Non-DDWA Participating Dentist</i></u> 75% of allowable fees	Covered procedures are provided with copays.	Paid per Plan's Schedule of Allowances.
Class III Procedures: <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Dentures</li> <li>• Bridges</li> <li>• Partial</li> </ul>	<u><i>DDWA/Delta Dental Participating Dentist</i></u> 50% of charges for preferred providers 40% of charges for non-preferred providers  <u><i>Non-DDWA Participating Dentist</i></u> 40% of allowable fees	Covered procedures are provided with copays.	Paid per Plan's Schedule of Allowances.
<b>Orthodontia</b>	50% \$2,000 lifetime maximum benefit	\$1,200 copay – dependent children to age 19 \$1,600 copay – dependent children age 19+ and adults	50% \$2,000 lifetime maximum benefit
<b>Implants</b>	Not Covered	Not Covered	Paid per Plan's Schedule of Allowances.

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## **FURTHER QUESTIONS?**

### **Eligibility, Enrollment Process**

(206) 282-4500 or (800) 225-7620

### **Delta Dental PPO Plan or Schedule Plan**

(800) 554-1907

### **DeltaCare**

(800) 650-1583