

PEBB Uniform Dental Plan Group #03000

Delta Dental PPOSM Uniform Dental Plan Benefit Summary

Amounts below show what the plan pays

Effective Date	January 1, 2027
Benefit Period	January 1, 2027 – December 31, 2027
Benefit Period Maximum (Per Person)	\$1,750
TMJ – (Non-Surgical)	70%
Annual Maximum (Per Person)	\$1,000
Lifetime Maximum (Per Person)	\$5,000
Orthodontia – Adults & Children	50%
Lifetime Maximum (Per Person)	\$1,750

Choice of Dentist ->>>

Amounts below show what the plan pays once you've met your deductible.

Dental Networks

Choice of Dentist ->>> Amounts below show what the plan pays once you've met your deductible.	Dental Networks		
	Delta Dental PPO SM Dentists in Washington State	Non-PPO Dentists in Washington State	Out of State
Benefit Period Deductible (Per Person/Per Family)			
Deductible Does Not Apply to Class I, Orthodontia or Children Under Age 15	\$50/\$150	\$50/\$150	\$50/\$150
Class I – Diagnostic & Preventive			
Exams (two in a benefit period)	100%	80%	90%
Cleanings (two in a benefit period)			
Fluoride			
X-Rays (complete X-rays every 5 years)			
Sealants			
Class II – Restorative			
Fillings	80%	70%	80%
Endodontics (Root Canal)			
Periodontics (Gum Treatment)			
Oral Surgery			
General Anesthesia/IV Sedation			
Class III – Major			
Dentures	50%	40%	50%
Partial Dentures			
Implants			
Bridges			
Crowns			



This is a brief summary of benefits and isn't a contract. The plan's benefits booklet provides more details of your Uniform Dental Plan. Please feel free to call 800-537-3406 or text 833-604-1246 for our customer service department or visit our website at deltadentalwa.com/pebb if you have any questions.

Keep in mind, the plan pays a higher percentage when you see a dentist in the Delta Dental PPO network.

Uniform Dental Plan

Group #03000

THIS IS THE DELTA DENTAL PPO PLAN

Best for those who want the freedom to choose their favorite dentist

- > You pick your dentist from large state and national provider networks
- > Get specialist care without a referral
- > No deductible for preventive care, orthodontia, and services for children under age 15
- > Deductible and coinsurance may apply for other treatments
- > Coverage for out-of-network care

Visit a Delta Dental PPOSM or Delta Dental PremierSM network dentist to receive services at discounted rates and avoid surprise costs.

When seeing a Delta Dental PPOSM network dentist, you may have lower out-of-pocket costs because the plan pays a higher percentage.

Check that your dentist is in-network or find a new PPO dentist:



1. Visit deltadentalwa.com/pebb
2. Click "Find a Dentist" and log in or register for your MySmile account
3. In your MySmile account scroll down on your dashboard to "Find a Dentist" and follow the steps to search for an in-network dentist.
4. PLEASE NOTE: Make sure to select "PPO" from the dropdown under "Choose your network."



HELPFUL ONLINE TOOLS

Activate your MySmile account online at deltadentalwa.com/pebb and click "MySmile."

- > Print your ID card.
- > View your coverage.
- > Get instant out-of-pocket cost estimates with MySmile Cost Estimator.
- > Review your Explanation of Benefits (EOB).