

WWC Health Trust Plan 4  
Group # 09864

## Delta Dental PPO<sup>SM</sup> Plan Benefit Summary

| Effective Date                                    | January 1, 2026                        |                                           |                           |
|---------------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------|
| Benefit Period                                    | January – December                     |                                           |                           |
| Benefit Period Maximum (Per Person)               | \$1,500                                |                                           |                           |
| TMJ                                               | 50%                                    |                                           |                           |
| Annual Maximum (Per Person)                       | \$1,000                                |                                           |                           |
| Lifetime Maximum (Per Person)                     | \$5,000                                |                                           |                           |
|                                                   | Dental Network                         |                                           |                           |
|                                                   | Delta Dental PPO <sup>SM</sup> Dentist | Delta Dental Premier <sup>®</sup> Dentist | Non-Participating Dentist |
| Benefit Period Deductible                         |                                        |                                           |                           |
| Does Not Apply to Class I (Per Person/Per Family) | \$25/\$75                              | \$25/\$75                                 | \$25/\$75                 |
| Class I – Diagnostic & Preventive                 |                                        |                                           |                           |
| Exams                                             | 100%                                   | 80%                                       | 80%                       |
| Cleaning                                          |                                        |                                           |                           |
| Fluoride                                          |                                        |                                           |                           |
| X-Rays                                            |                                        |                                           |                           |
| Sealants                                          |                                        |                                           |                           |
| Class II – Restorative                            |                                        |                                           |                           |
| Fillings                                          | 90%                                    | 70%                                       | 70%                       |
| Endodontics (Root Canal)                          |                                        |                                           |                           |
| Periodontics                                      |                                        |                                           |                           |
| Oral Surgery                                      |                                        |                                           |                           |
| General Anesthesia/IV Sedation                    |                                        |                                           |                           |
| Class III – Major                                 |                                        |                                           |                           |
| Dentures                                          | 50%                                    | 40%                                       | 40%                       |
| Partial Dentures                                  |                                        |                                           |                           |
| Implants                                          |                                        |                                           |                           |
| Bridges                                           |                                        |                                           |                           |
| Crowns                                            |                                        |                                           |                           |



This is a summary of benefits for comparison and isn't a contract. Once you're enrolled, you can get a benefits booklet that will provide all the details of your dental plan. Please feel free to call our customer service department or visit our website at [DeltaDentalWA.com](https://www.DeltaDentalWA.com) if you have any questions.

*Keep in mind, you will likely experience the greatest savings when you see a Delta Dental PPO dentist.*

## Get the most from your benefits!



### Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our “Find your member ID” tool makes registration easy. Visit [DeltaDentalWA.com](https://DeltaDentalWA.com) to create your account.

### Choose an in-network dentist

Your plan gives you access to the Delta Dental PPO<sup>SM</sup> network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won’t maximize your benefits. Your annual maximum won’t go as far and you’ll likely have greater out-of-pocket costs.

|                                                             | Delta Dental PPO | Delta Dental Premier | Non-Delta Dental |
|-------------------------------------------------------------|------------------|----------------------|------------------|
| Your plan’s network                                         | ✓                |                      |                  |
| Benefits go farthest which means least out-of-pocket costs  | ✓                |                      |                  |
| Files claims forms for you                                  | ✓                | ✓                    |                  |
| Comes with our quality management and cost protection       | ✓                | ✓                    |                  |
| No cost protection which means greatest out-of-pocket costs |                  |                      | ✓                |

Find an in-network dentist near you:

1. Visit [DeltaDentalWA.com](https://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 out-of-pocket cost estimates

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

**MySmile Cost Genie<sup>SM</sup>** gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You’ll get a **Confirmation of Treatment and Cost** from us. It details your dentist’s treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



### Have a question?

Give us a call at 800.554.1907, Monday – Friday from 7am to 5pm, Pacific Time. We’re happy to help.