

# Delta Dental PPO<sup>SM</sup>

## Benefit Booklet Insert

### Washington Education Association

Delta Dental of Washington, a Delta Dental Plan  
Plan No. 00186, 00187

Plan Changes Effective: November 1, 2018

This insert supplements your Dental Care Service Contract with Delta Dental of Washington.

This notice forms part of and must be read together with your Benefits Booklet.

Your Benefit Booklet wording is amended as detailed on the following page(s). All other terms and conditions remain unchanged.

**Benefit Booklet Insert****Group Number: #00186, 00187****Group Name: Washington Education Association**

The revisions to your Benefit Booklet outlined below represent changes to your benefits and/or changes to how your plan is administered. Additional text revisions have been made to provide additional information, for clarity or to ensure accuracy with how your Plan is administered.

New language is underlined and deleted language is shown with a ~~strike through it~~, unless otherwise noted.

**Benefit Changes****All Groups**

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**Annual Plan Maximum**, The Plan Maximum section within the text has been replaced in its entirety with the following:

**Plan Maximum**

The Plan Maximum is the maximum dollar amount DDWA will pay toward the cost of dental care within a specific benefit period. The maximum amount payable for Covered Dental Benefits in each benefit period is listed in the "Summary of Benefits" section in this booklet.

Charges for dental procedures requiring multiple treatment dates are considered incurred on the date the services are completed, also known as the seat date. Amounts paid for such procedures will be applied to the Plan Maximum based on the incurred date.

**Class 1 Diagnostic, Limitations**

- Supplementary bitewing X-rays are covered ~~twice~~ three times in a benefit period.
- Routine evaluation is covered ~~twice~~ three times in a benefit period. Routine evaluation includes all evaluations except limited, problem-focused evaluations.
- Limited problem-focused evaluations are covered ~~twice~~ three times in a benefit period.

**Class I Preventive, Limitations**

- Any combination of prophylaxis and periodontal maintenance is covered ~~twice~~ three times in a benefit period.
  - Periodontal maintenance procedures are covered only if a patient has completed active periodontal treatment.
- Under certain conditions of oral health, prophylaxis or periodontal maintenance (*but not both*) may be covered up to a total of ~~four~~ five times in a benefit period.
- Topical application of fluoride is limited to ~~two~~ three covered procedures in a benefit period.

**Healthy Start for Kids**, this benefit has been added to all plans. The Healthy Start for Kids section has been added to the Summary of Benefits section. Additionally, the current Summary of Benefits information has been re-labeled to apply to “All Other Members”:

### Benefits for Members through Age 14

#### Healthy Start for Kids Benefit

Your plan includes the Healthy Start for Kids benefit, which covers all Class I, II, and III services at 100% for children through age 14. This benefit covers your child through the end of the month in which he or she turns 15. On the first day of the following month, the child receives the standard benefits listed for “All Other Members”.

#### All Providers

Class I.....	100%
Class II.....	100%
Class III.....	100%
TMJ procedures.....	50%
Annual Deductible per Child.....	No Deductible

#### Plan Maximum

Annual Plan Maximum (for Class I, II, and III).....	Unlimited
Lifetime TMJ Maximum.....	\$5,000
Annual TMJ Maximum.....	\$1,000

**Please note - The Summary of Benefit section in the current benefit booklet remains unchanged, and now applies only to members age 15 and over. The information provided above has been included in addition to the existing information and applies specifically to members 14 and under.**

### Group specific changes for Group 00186

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**Annual Plan Maximum:** The Summary of Benefits section for “All Other Members” has been revised to reflect an increased Annual Plan Maximum:

#### Plan Maximum

The Plan maximum for Delta Dental PPO Dentists and Non-Delta Dental PPO Dentists will not be paid as two separate annual maximums.

Annual Plan Maximum per Person – Delta Dental PPO Dentists.....	<del>\$2,000</del> <u>\$2,300</u>
Annual Plan Maximum per Person – Non-Delta Dental PPO Dentists.....	<del>\$1,750</del> <u>\$2,000</u>

### Group specific changes for Group 00187

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**Annual Plan Maximum:** The Summary of Benefits section for “All Other Members” has been revised to reflect an increased Annual Plan Maximum:

#### Plan Maximum

The Plan maximum for Delta Dental PPO Dentists and Non-Delta Dental PPO Dentists will not be paid as two separate annual maximums.



Annual Plan Maximum per Person ..... ~~\$1,750~~ \$2,000

**Plan Administration Changes**

**All Groups**

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**Benefit Period, Glossary Section**

Benefit Period — Most dental benefits are calculated within a “benefit period.” ~~which is typically for one year.~~  
For this Plan, this is the 14 month period beginning November 1, 2018 and ending December 31, 2019.



**Text Revisions for Clarity and Accuracy – Plan Administration**

**All Groups**

**Changing Plans**

Please note, the WEA has contracted with DDWA to offer several different dental coverage plans to school districts/bargaining units. Different school districts or bargaining units may choose to offer different plans. If you are changing school districts or bargaining units, please be aware that your benefits may be different. Please contact your benefits administrator for information regarding any potential changes to your benefits.

**Nondiscrimination and Language Assistance Services**

Delta Dental of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Washington:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language and service to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact Delta Dental of Washington’s Customer Service at: 1(800)554-1907.

If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Isaac Lenox, Compliance/Privacy Officer, PO Box 75983 Seattle, WA 98175, Ph: 1(800)554-1907, TTY: 1-800-833-6384, Fx: (206) 729-5512 or by email at: [Compliance@DeltaDentalWA.com](mailto:Compliance@DeltaDentalWA.com). You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Isaac Lenox, Compliance/Privacy Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Tagline	Nondiscrimination Statement
Amharic	እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Delta Dental of Washington ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1(800) 554-1907 ይደውሉ።	ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Delta Dental of Washington ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤና ሽፋንዎን ለመጠበቅና በአከፋል እርዳታ ለማግኘት በተወሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለ ምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 1(800)554-1907 ይደውሉ።

Language	Tagline	Nondiscrimination Statement
<b>Arabic</b>	<p>إن كان لديك أو لدى أي شخص تساعده أسئلة بخصوص تغطيتك الصحية لدى Delta Dental of Washington، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع المترجم اتصل بـ 1(800) 554-1907.</p>	<p>يحتوي هذا الإشعار معلومات هامة بخصوص طلبك للحصول على تغطية من خلال Delta Dental of Washington. ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. لك الحق في الحصول على المساعدة والمعلومات بلغتك من دون أي تكلفة. اتصل بـ 1(800) 554-1907.</p>
<b>Cambodian (Mon-Khmer)</b>	<p>ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងតែជួយមានសំណួរអំពីធានារ៉ាប់រងរបស់អ្នកជាមួយ Delta Dental of Washington អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មាននៅក្នុងភាសារបស់អ្នកដោយមិនអស់ប្រាក់។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូម 1(800) 554-1907។</p>	<p>សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់អំពីពាក្យសុំ ឬធានារ៉ាប់រងរបស់អ្នកតាមរយៈ Delta Dental of Washington។ សូមយកចិត្តទុកដាក់លើកាលបរិច្ឆេទណាមួយដែលមានក្នុង សេចក្តីជូនដំណឹងនេះ។ អ្នកអាចត្រូវបានរំលោភការប្តឹងចំនួនមុនថ្ងៃកំណត់ជាក់លាក់ ដើម្បីរក្សាទុកធានារ៉ាប់រងរបស់អ្នក ឬទទួលជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលជំនួយ និងព័ត៌មាននេះនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយ។ សូមទូរស័ព្ទមកលេខ 1(800) 554-1907។</p>
<b>Chinese</b>	<p>如果您，或是您正在協助的對象，有關於[插入項目的名稱Delta Dental of Washington]方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話[在此插入數字 1(800)554-1907]。</p>	<p>本通知有重要的訊息。本通知有關於您透過[插入項目的名稱Delta Dental of Washington]提交的申請或保險的重要訊息。請留意本通知中包含的日期。您可能需要在截止日期之前採行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話[在此插入數字 1(800)554-1907]。</p>
<b>Cushite (Oromo)</b>	<p>Isin yookan namni biraa isin deeggartan Delta Dental of Washington irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa 1(800)554-1907 tiin bilbilaa.</p>	<p>Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Delta Dental of Washington tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 1(800)554-1907 tii bilbilaa.</p>
<b>German</b>	<p>Falls Sie oder jemand, dem Sie helfen, Fragen zum Delta Dental of Washington haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1(800)554-1907 an.</p>	<p>Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Delta Dental of Washington. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 1(800)554-1907.</p>

Language	Tagline	Nondiscrimination Statement
Japanese	<p>ご本人様、またはお客様の身の回りの方でもDelta Dental of Washingtonについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合 1(800)554-1907までお電話ください。</p>	<p>この通知には重要な情報が含まれています。この通知にはDelta Dental of Washingtonの申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます 1(800)554-1907までお電話ください。</p>
Korean	<p>만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Delta Dental of Washington에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1(800)554-1907로 전화하십시오.</p>	<p>본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Delta Dental of Washington을 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 1(800)554-1907로 전화하십시오.</p>
Laotian	<p>ຖ້າທ່ານ, ຫຼື ຄົນທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ມີຄຳ ຖາມກ່ຽວກັບ Delta Dental of Washington, ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນຂ່າວສານນີ້ເປັນພາສາຂອງທ່ານ ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ການໂອ້ນລັກກັບນາຍພາສາ, ໃຫ້ ໂທຫາ 1(800)554-1907.</p>	<p>ການແຈ້ງນິມິຂໍ້ມູນສຳຄັນ. ການແຈ້ງການນິມິຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ການຄຸ້ມຄອງຂອງທ່ານໂດຍຜ່ານ Delta Dental of Washington. ເບິ່ງສຳລັບກຳນົດທີ່ສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະເປັນຕ້ອງໃຊ້ເວລາດຳເນີນການໂດຍກຳນົດ ເວລາທີ່ແນ່ນອນຈະຮັກສາການຄຸ້ມຄອງສຸຂະພາບຂອງທ່ານ ຫຼື ການຊ່ວຍເຫຼືອທີ່ມີຄ່າໃຊ້ຈ່າຍ. ທ່ານມີສິດທີ່ຈະໄດ້ຮັບຂໍ້ມູນຂ່າວສານນີ້ ແລະ ການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານທີ່ບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ໂທ 1(800)554-1907.</p>

Language	Tagline	Nondiscrimination Statement
<b>Punjabi</b>	ਜੇ ਤੁਹਾਡੇ, ਜਾਂ ਜਿਸ ਵਿਅਕਤੀ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਦੇ Delta Dental of Washington ਦੇ ਨਾਲ ਬੀਮਾ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹੁੰਦੇ ਹਨ, ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਰਾ ਦੇ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, 1(800)554-1907 'ਤੇ ਕਾਲ ਕਰੋ।	ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਤੁਹਾਡੀ ਐਪਲੀਕੇਸ਼ਨ ਜਾਂ Delta Dental of Washington ਦੇ ਦੁਆਰਾ ਕਵਰੇਜ ਬਾਰੇ ਮਹੱਤਵਪੂਰਣ ਜਾਣਕਾਰੀ ਸ਼ਾਮਲ ਹੈ। ਇਸ ਨੋਟਿਸ ਵਿੱਚ ਸ਼ਾਮਲ ਕਿਸੇ ਮਿਤੀਆਂ ਵੱਲ ਖਾਸ ਧਿਆਨ ਦਿਓ। ਤੁਹਾਨੂੰ ਆਪਣੇ ਬੀਮਾ ਕਵਰੇਜ ਨੂੰ ਕਾਇਮ ਰੱਖਣ ਲਈ ਜਾਂ ਲਾਗਤਾਂ ਦੇ ਨਾਲ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਨਿਸ਼ਚਿਤ ਮਿਤੀਆਂ ਤੋਂ ਪਹਿਲਾਂ ਕੁਝ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ। ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। 1(800)554-1907 'ਤੇ ਕਾਲ ਕਰੋ।
<b>Russian</b>	Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Delta Dental of Washington, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1(800)554-1907.	Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через Delta Dental of Washington. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 1(800)554-1907.
<b>Spanish</b>	Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Delta Dental of Washington, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1(800)554-1907.	Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través de Delta Dental of Washington. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 1(800)554-1907.
<b>Tagalog</b>	Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Delta Dental of Washington, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1(800)554-1907.	Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Delta Dental of Washington. Tingnan ang mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1(800)554-1907.



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<b>Ukrainian</b>	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Delta Dental of Washington, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на 1(800)554-1907.	Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страховального покриття через Delta Dental of Washington. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 1(800)554-1907.
<b>Vietnamese</b>	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Washington, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1(800)554-1907.	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bản về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Washington. Xin xem ngay then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1(800)554-1907.