

Kitsap County – Buy Up Plan

Group #09783

Delta Dental PPOSM Buy Up Plan Benefit Summary

Effective Date	January 1, 2025
Benefit Period	January 1, 2025 – December 31, 2025
Benefit Period Deductible	None
Benefit Period Maximum (Per Person) Class I Services do not apply toward benefit period maximum	\$2,000
Orthodontia – Adults & Children Lifetime Maximum (Per Person)	50% \$2,000

	Dental Network		
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Class I – Diagnostic & Preventive do not apply toward benefit period maximum			
Exams	100%	100%	100%
Cleaning (2x per benefit period)			
Fluoride (2x per benefit period)			
X-Rays			
Sealants (On permanent teeth are covered up to age 15)			
Class II – Restorative			
Fillings (including Composite Fillings)	90%	80%	80%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
General Anesthesia/IV Sedation			
Class III – Major			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns & Onlays			



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 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 to create your account.

Choose an in-network dentist

Your plan gives you access to the Delta Dental PPOSM 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
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 GenieSM 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.

Kitsap County – Base Plan Group #09782

Delta Dental PPOSM Base Plan - Benefit Summary

Effective Date	January 1, 2025
Benefit Period	January 1, 2025 – December 31, 2025
Benefit Period Maximum (Per Person) <i>Class I Services do not apply toward benefit period maximum</i>	\$1,000
Orthodontia – Adults & Children Lifetime Maximum (Per Person)	50% \$2,000

	Dental Network		
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist
Benefit Period Deductible			
Does Not Apply to Class I (Per Person/Per Family)	\$0	\$0	\$0
Class I – Diagnostic & Preventive			
Exams	100%	100%	100%
Cleaning (2x per benefit period)			
Fluoride (2x per benefit period)			
X-Rays			
Sealants (On permanent teeth covered up to age 15)			
Class II – Restorative			
Fillings (Including Composite fillings)	90%	80%	80%
Endodontics (Root Canal)			
Periodontics			
Oral Surgery			
General Anesthesia/IV Sedation			
Class III – Major			
Dentures	50%	50%	50%
Partial Dentures			
Implants			
Bridges			
Crowns			
Onlays			



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	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			✓

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