

Dental Plan Options

Compare dental plans and choose the one that is best for you.



Dental coverage is included in your \$25 monthly co-premium deduction.

Use the chart below and review the plan benefit summaries to help you compare plans and understand your potential out-of-pocket costs. If you are already enrolled in coverage and would like to switch your dental plan, submit your application by July 20.

	 Delta Dental®	Willamette Dental Group
Annual Maximum Benefit	\$5,000	None
Deductible	\$0	\$0
Routine Exams	Covered In Full	Covered In Full
Orthodontia Benefits	Yes	Yes
Provider Network	Delta Dental has a broad network of providers, including in rural areas. You'll want to find a Delta Dental PPO dentist to maximize your benefit.	Willamette Dental has many convenient locations in western Washington, making it easy to find a Willamette dentist if you live along the I-5 corridor.
Find a Dentist Near You	Visit deltadentalwa.com/fad/search and select 'Delta Dental PPO' to filter your search results.	Visit locations.willametedental.com and enter your ZIP code into the search bar.
For Questions or More Information	1-800-554-1907 DeltaDentalWA.com	1-855-433-6825 myseiu.be/oe-willamette



PPO Plan

Effective Date 8/1/2024

This is a brief summary of available benefits for comparison purposes only and does not constitute a contract. Once enrolled in a plan, you will have access to your benefits booklet which provides more details of your Delta Dental PPO plan. Call the Delta Dental Customer Service department at **1-800-554-1907** or visit DeltaDentalWA.com if you have any questions.

Benefit Period:
1/1/2025-12/31/2025

Benefit Period Maximum*
(per person; does not apply to Class I):
\$5,000

Orthodontia—Adults & Children:
50% with a lifetime maximum
of \$5,000 per person

*Dental care received at a PDA dentists will be covered in full up to the \$2,000 maximum, with coinsurance waived with Class III - Major services.

Delta Dental Network

Your benefits go the furthest with the Delta Dental PPO network. You also get access to the Delta Dental Premier® network, which helps you expand your options.

Get a Free
Sonicare
Toothbrush

Delta Dental members who visit a Pacific Dental Alliance (PDA) provider as a new patient can receive a free Sonicare toothbrush.

View the complete PDA provider list: myseiu.be/oe-pda.

	Delta Dental PPO	Delta Dental Premier	Out-of-Network
Benefit Period Deductible			
Does Not Apply to Class I & Orthodontia Out-of-Network (\$50 Per Person)	\$0	\$50	\$50
Class 1 - Diagnostic & Preventative			
Exams Cleaning Fluoride X-Rays Sealants	100%	80%	80%
Class II - Restorative			
Restorations Posterior Composite Fillings Endodontics (Root Canal) Periodontics Oral Surgery	100%	60%	60%
Class III - Major			
Dentures Partial Dentures Implants Bridges Crowns	80%	40%	40%

Features			
Least out-of-pocket costs	○		
Files claims forms for you	○	○	
Quality management and cost protection	○	○	

Dental Emergency: Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.

Underwritten by Willamette Dental of Washington, Inc., this plan provides extensive coverage. The below list gives information for some of the most common procedures covered in your plan. Call **1-855-433-6825** or visit myseiu.be/oe-willamette for more information. For a list of limitations and exclusions, visit myseiu.be/willamette-exclusions.

Benefits	Co-pays
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General & Orthodontic Office Visit	No Co-pay per visit
Diagnostic and Preventative Services	
Routine and Emergency Exams, X-rays, Teeth Cleaning, Fluoride Treatment, Sealants (Per tooth), Head and Neck Cancer Screening, Oral Hygiene Instruction, Periodontal Charting, Periodontal Evaluation	Covered with the Office Visit Co-pay
Restorative Dentistry	
Fillings (Amalgam)	Covered with the Office Visit Co-pay
Porcelain-Metal Crown	You pay a \$250 Co-pay
Prosthodontics	
Complete Upper or Lower Denture	You pay a \$400 Co-pay
Bridge (per Tooth)	You pay a \$250 Co-pay
Endodontics & Periodontics	
Root Canal Therapy – Anterior	You pay a \$85 Co-pay
Root Canal Therapy – Bicuspid	You pay a \$105 Co-pay
Root Canal Therapy – Molar	You pay a \$130 Co-pay
Osseous Surgery (per Quadrant)	You pay a \$150 Co-pay
Root Planning (per Quadrant)	You pay a \$75 Co-pay
Oral Surgery	
Routine Extraction (Single Tooth)	Covered with the Office Visit Co-pay
Surgical Extraction	You pay a \$100 Co-pay
Orthodontia Treatment	
Pre-Orthodontia Treatment	You pay a \$150 Co-pay**
Comprehensive Orthodontia Treatment	You pay a \$1,500 Co-pay
Dental Implant	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
Miscellaneous	
Local Anesthesia	Covered with the Office Visit Co-pay
Dental Lab Fees	Covered with the Office Visit Co-pay
Nitrous Oxide	You pay a \$40 Co-pay
Specialty Office Visit	You pay a \$30 Co-pay per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$250

*TMJ has a \$1000 annual maximum/ \$5000 lifetime maximum **Co-pay credited towards the Comprehensive Orthodontia Treatment co-pay if patient accepts treatment plan. **Dental Emergency:** Participating Providers will provide treatment for Dental Emergencies during office hours. The Company will provide benefits for Covered Services provided by Participating Providers for treatment of a Dental Emergency. The Enrollee may see treatment for a Dental Emergency from a Non-Participating Provider if the Enrollee is more than 50 miles from any Participating Provider Office.