



Delta Dental of Washington



Delta Dental of Washington

Group Name: **Gibbs & Olson, Inc.**  
 Group Number: **03722**

This card is for identification only  
 and is not a guarantee of coverage.  
 For benefits information, visit us at  
[www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).

Group Name: **Gibbs & Olson, Inc.**  
 Group Number: **03722**

This card is for identification only  
 and is not a guarantee of coverage.  
 For benefits information, visit us at  
[www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).

## Summary of Benefits

Delta Dental Premier Enhanced 80/80/50

**Group #03722 - Gibbs & Olson, Inc.**

Effective April 1, 2014, the following benefit information applies to your plan.

### Reimbursement Levels for Allowable Benefits

	Payment Level Percentage
Class I	80%
Class II	80%
Class III	50%
Orthodontic Procedures	Not Covered
Temporomandibular Joint	50%
Accidental Bodily Injury	100%
Posterior Composites	Not Covered

All covered employees and covered dependents are eligible for Class I, Class II, Class III dental benefits, TMJ benefits and Dental Accident benefits.

### Benefit Period

Most dental benefits are calculated within a "benefit period," which is typically for one year. For this Plan, the benefit period is the period beginning January 1 and ending December 31.

### Plan Deductibles

Annual Deductible per Person .....	\$25
Annual Deductible - Family Maximum .....	\$75

Your plan has a \$25 deductible per eligible person each benefit period. This means that from the first payment or payments made for covered dental benefits, a deduction of \$25 is made. Once an Enrolled Person has satisfied the deductible during the period, no further deduction will apply to that Enrolled Person until the next period. The maximum deductible per family each benefit period is \$75. This means that the maximum amount that will be deducted for a family shall not exceed three times the individual deductible. Once a family has satisfied the maximum deductible amount during the period, no further deduction will apply to that family until the next succeeding period.

The deductible does not apply to Class I covered dental benefits and dental accident benefits.

### Plan Maximums

Annual Plan Maximum .....	\$1,500
Annual TMJ Maximum .....	\$1,000
Lifetime TMJ Maximum .....	\$5,000

The payment level for covered dental expenses arising as a direct result of an accidental bodily injury is 100 percent, up to the unused plan maximum.

For your plan, the maximum amount payable by Delta Dental of Washington for Class I, II and III covered dental benefits (including dental accident benefits) per eligible person is \$1,500 each benefit period. Charges for dental procedures requiring multiple treatment dates are considered incurred on the date the services are completed. Amounts paid for such procedures will be applied to the plan maximum based on the incurred date.

The lifetime maximum amount payable by Delta Dental of Washington for TMJ benefits is \$5,000 per eligible person, with a benefit period maximum of \$1,000 per eligible person.

### Delta Dental of Washington Information Cards

Here are two copies of your Delta Dental of Washington information card. The card contains important information that should be given to your dentist when you or your Enrolled Dependent(s) receive treatment. At the time of treatment, please provide your name, the information on your card and your member identification number to your dental office so the office can submit your claim to Delta Dental of Washington. **Your Information card is not proof of coverage.** Please refer to your dental benefits booklet for specific eligibility and coverage information.

If you need a replacement card, a printable version may be obtained by visiting our Web site at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com).

Customer Service  
1-800-554-1907  
Delta Dental of Washington  
P.O. Box 75983  
Seattle, WA 98175-0983

Customer Service  
1-800-554-1907  
Delta Dental of Washington  
P.O. Box 75983  
Seattle, WA 98175-0983