RETIREES DENTAL PLAN
DELTA DENTAL of WASHINGTON
GROUP 09353

You have available a dental plan from Washington Dental Service/Delta Dental of Washington that is developed specifically for you, the retired City or County employee.

The sponsor to this dental plan is the Washington State Retired Officers Association which is an association of retired police officers throughout the state. They are retired officers from any city or county entity.

If you enroll and you have a working spouse that has dental coverage through his/her employer, they do not have to enroll. They may, however, enroll at the time they drop off of their employer dental plan. No dependent can be the principal enrollee. This is a dental plan for retirees and their eligible dependents.

A brief summary of benefits is as follows:	Payment levels
Class I - Diagnostic & Preventive Exams, Cleanings, Fluoride, Sealants	100%
Class II - Restorative Restorations, Extractions, Oral Surgery	70% if PPO dentist is used. Otherwise 50%
Class III - Endodontics, Periodontics, Prosthodontics Crowns, Bridges & Dentures	50%
Deductible (Waived on Class I benefits)	$75 per person / per year $225 family maximum
Annual Maximum Benefit (January 1 through December 31)	$1500 per person / per year

The monthly payments for Calendar year 2020 are:		
	Enrollee:	$67.00
	Enrollee + spouse:	$127.00
	Enrollee + child(ren):	$117.00
	Enrollee + spouse + child(ren):	$175.00

The City of Seattle Pension Administration System requires you send three months payment with your enrollment form to the following address. Coverage will become effective the 1st of the month following date of receipt unless you specify otherwise. Future payments will be handled by the City of Seattle Benefits Unit from your pension check.
Make your check payable to Independent Billing Service and mail to:

Independent Billing Service
P O Box 7756
Bonney Lake, WA 98391
(253) 862-2122

RETIREES DENTAL PLAN
DELTA DENTAL of WASHINGTON
GROUP 00650

You have available this dental plan from Delta Dental/Washington that was developed specifically for you, the retired City or County employee. The sponsor to this dental plan is the WASHINGTON STATE RETIRED OFFICERS ASSOCIATION. They are retired law officers from any city or county entity.

Promoting good oral health care and fighting" Periodontal Disease" is a primary focus of this dental plan. This common problem in seniors is covered under Class I and Class II services as described below.

You may enroll and begin the dental plan on the first of any month. This dental plan from Delta Dental/Washington has three categories of services. You qualify for and will receive all three categories. PLEASE NOTE: Class I-Diagnostic & Preventive and Class II-Restorative procedures are available immediately with no waiting periods. Class III-Major, which includes Crowns, Bridges, Dentures & Implants will have a twelve month waiting period for coverage. The sooner you enroll the sooner the waiting period is over. This is a dental plan for the retiree and his/her eligible dependents. No dependent can be enrolled as the principal enrollee.

A brief summary of benefits is as follows:		Payment levels
Class I -	Diagnostic & Preventive Exams, Cleanings, Fluoride, Sealants	100%
Class II -	Restorative Restorations, Extractions, Oral Surgery	70% if PPO dentist is used. Otherwise 50%
Class III -	Endodontics, Periodontics, Prosthodontics Crowns, Bridges , Dentures & Implants	50%
Deductible	(Waived on Class I benefits)	$75 per person / per year $225 family maximum
Annual Maximum Benefit	(January 1 through December 31)	$1500. per person / per year

The monthly payments for Calendar year 2020		
	Enrollee:	$71.00
	Enrollee + spouse:	$134.00
	Enrollee + child(ren):	$122.00
	Enrollee + spouse +child(ren)	$185.00

Send your completed enrollment form with three months payment to the following address. Coverage will become effective the first of the month following date of receipt of the enrollment form and check. Future payments will be handled through the City of Seattle Retirement System from your pension check.

Make your check payable to Dental Plan 650 and mail to:
Dental Plan 650
P O Box 7756
Bonney Lake, WA 98391
(253) 862-2122

Don Jacobson
Dental Plan Agent

You must also send the "Retiree Dental Premium Deduction Authorization" form and write on it your 8 digit retiree I D number.