

RETIREES DENTAL PLAN
DELTA DENTAL of WASHINGTON
DENTAL 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.

Dental Plan 00650 is for individuals that are not converting from Employee or from Cobra coverage. It is for individuals that have been without group dental coverage for a period of time.

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 dental 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. 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 dental benefits is as follows:

- Class I - Diagnostic & Preventive
Exams, Cleanings, Fluoride, Sealants
- Class II - Restorative
Restorations, Extractions, Oral Surgery
- Class III - Prosthodontics
Crowns, Bridges, Dentures, Implants

Payment levels

100%

70% if PPO dentist is used.
Otherwise 50%

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 2027 are:

Enrollee:	\$77.00
Enrollee + spouse:	\$145.00
Enrollee + child(ren):	\$131.00
Enrollee + spouse +child(ren)	\$200.00

Send your completed enrollment form with three months payment to the following address. Coverage will become effective on the date you specify on the enrollment form. 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

Don Jacobson
Dental Plan Agent
(253) 862-2122