

DENTAL

For Students Only

These Dental Benefits are underwritten by Delta Dental of Washington (DDWA), Seattle, Washington. Please see dental claims and customer service information at the end of this section.

Most dentists in Washington and Idaho are Delta Dental Participating Dentists. For best benefits please verify that yours is a Delta Dental Participating Dentist before receiving care. Listings of participating dentists are available from the WSU Health and Wellness Services Office or DDWA upon request.

ELIGIBILITY, COVERAGE DATES AND TERMINATION

Those eligible to enroll in this Plan are WSU Graduate Student Assistants who are enrolled for 10 or more credit hours; who have an Assistantship stipend of at least 50%; for an academic semester or more and full-time Graduate Research Fellows/Trainees who are paid a stipend of at least \$800.00 per month; who are engaged in research similar to that of a Research Assistant.

Each Eligible Graduate Student Assistant or Graduate Research Fellow/Trainee will be advised of automatic enrollment by the Health and Wellness Services Office.

Eligible Graduate Student Assistants and Graduate Research Fellows/Trainees will be insured during these policy periods:

Fall— Coverage begins 12:01 a.m., August 16, 2017 and ends at 12:01 a.m., January 1, 2018

Spring/Summer — Coverage begins 12:01 a.m., January 1, 2018 and ends at 12:01 a.m., August 16, 2018

Coverage will terminate for a Covered Student (a) upon expiration of the policy term; (b) upon the date of entry into an armed service on active duty; and (c) for a Student whose appointment as a Graduate Student Assistant or Graduate Research Fellow/Trainee terminates, at the end of the policy period during which the appointment terminated.

CLAIMS PROCEDURE

With DDWA, you may select any licensed dentist; however, your benefits may be paid at a higher level and your out-of-pocket expenses may be lower if you choose a participating DDWA dentist. Tell your dentist you are covered by the WSU/GSA Dental Plan through DDWA Group No. 00681 and give your member identification number.

Delta Dental Participating Dentists

Dentists who have agreed to provide treatment to patients covered by a DDWA plan are called ‘Participating’ Dentists, because they participate in our program of plans. For your Plan, Participating Dentists may be either Delta Dental Premier Dentists or Delta Dental PPO Dentists. You can find the most current listing of Participating Dentists by going online to the Delta Dental of Washington website at www.DeltaDentalWA.com. You may also call us at 800-554-1907.

Delta Dental Premier Dentists

Premier Dentists have agreed to provide services for their filed fee under our standard agreement.

Delta Dental PPO Dentists

Some dentists also offer our patients a more value-added option by agreeing to provide services at a fee lower than their original filed fee. These are our PPO Dentists.

If you select either a Delta Dental Premier Dentist or a Delta Dental PPO Dentist, they will complete and submit claim forms, and receive payment directly from DDWA on your behalf. You will not be charged more than the Participating Dentist's approved fee. You will be responsible only for stated coinsurances, deductibles, any amount over the plan maximum and for any elective care you choose to receive outside the Covered Dental Benefits.

Non-Participating Dentists

If you select a dentist who is not a Delta Dental Participating Dentist, you are responsible for ensuring your dentist complete and submit a claim form. We accept any American Dental Association-approved claim form that your dentist may provide. You can also download claim forms from our website at www.DeltaDentalWA.com or obtain a form by calling us at 800-554-1907.

Payment for services performed by a Non-Participating Dentist will be based on their actual charges or DDWA's maximum allowable fees for Non-Participating Dentists, whichever is less. You will be responsible to the dentist for any balance remaining. Please be aware that DDWA has no control over Non-Participating Dentist's charges or billing practices.

Out-of-State Dentists

If you receive treatment from a Non-Participating Dentist outside of the state of Washington, your coinsurance amounts will be based on the coinsurance percentage established for a Delta Dental PPO Dentist. Allowable amounts paid for covered services will be based on the maximum allowable fee for a Participating Dentist in that state, or their actual fee, whichever is less.

You will receive an Explanation of Benefits showing the amount paid on your claim and the amount that is your responsibility.

You may obtain claim forms from WSU Health & Wellness Services Office, Washington Building, (509) 335-3575 or you may also download claim forms from our website at www.DeltaDentalWA.com or call us at 800-554-1907 to have forms sent to you. DDWA is not obligated to pay for treatment performed for which claim forms are submitted for payment more than 6 months after the date of such treatment.

COORDINATION OF BENEFITS

If an enrolled person is entitled to benefits under two or more group dental plans, the amount payable under this Plan will be coordinated with any other plan. When coordinating benefits as the secondary plan, Delta Dental of Washington must pay an amount which, together with the payment made by the primary plan, cannot be less than the same allowable expense as DDWA would have paid if it was the primary plan.

The benefits of any plan that does not have a coordination of benefits (COB) provision will be primary. The benefits of a plan that covers the enrolled person will be used before those of a plan that provides coverage as a dependent.

If the above order does not establish the primary plan, then the plan that has covered that enrolled person for the longest period of time is the primary plan.

If the enrolled person is covered by more than one health plan, they or their provider should file all claims with each plan at the same time.

If payments that should have been made under this Plan are made by another plan, DDWA has the right, at its discretion, to remit to the other plan the amount it determines appropriate. DDWA is fully discharged from liability under this Plan up to and including the amount of such payment.

In the event DDWA makes payments in excess of the maximum amount, DDWA shall have the right to recover the excess payments from the patient, the subscriber, the provider or the other plan.

If you are covered by more than one dental benefit plan, and you do not know which plan is primary, you or your provider should contact any one of the dental plans to verify which plan is primary. The dental plan you contact is responsible for working with the other plan to determine which is primary and will let you know within 30 calendar days.

To avoid delays in claims processing, if you are covered by more than one plan you should promptly report to your providers and plans any changes in your coverage.

Note: All dental plans have timely claim filing requirements. If you or your provider fails to submit your claim to a secondary dental plan within the plan’s claim filing time limit, the plan can deny the claim. If you experience delays in the processing of your claim by the primary dental plan, you or your provider will need to submit your claim to the secondary dental plan within its claim filing time limit to prevent a denial of the claim.

SUMMARY OF DENTAL BENEFITS

POLICY YEAR DEDUCTIBLE PER PERSON - \$50

Waived on Class I

Applies to Out-of-Network – Delta Dental Premier Dentists and Nonparticipating Dentists in Washington State Only

Reimbursement Levels

Class I.....	80%
Class II.....	60%
Policy Year Maximum per Person.....	\$1,000

The payment level for covered dental expenses arising as a direct result of an accidental bodily injury is 100%, up to the unused policy year maximum (deductible is waived).

**COVERED TREATMENT
CLASS I**

DIAGNOSTIC

Covered Treatment

- Comprehensive or detailed and extensive oral evaluation
- Diagnostic evaluation for routine or emergency purposes.
- X-rays.

Limitations

- Comprehensive or detailed and extensive oral evaluation is covered once in the patient’s lifetime by the same dentist. Subsequent comprehensive or detailed and extensive oral evaluation from the same dentist is paid as a periodic oral evaluation.
- Routine evaluation is covered twice in a Policy Year. Routine evaluation includes all evaluations except limited, problem-focused evaluations.
- Limited problem-focused evaluations are covered twice in a Policy Year.
- A complete series or a panoramic X-ray is covered once in a three-year period from the date of service.
 - Any number or combination of x-rays, billed for the same date of service, which equals or exceeds the allowed fee for a complete series, is considered a complete series for payment purposes.
- Supplementary bitewing X-rays are covered once in a Policy Year.
- Diagnostic services and X-rays related to temporomandibular joints jaw joints are not a paid covered benefit under Class I covered dental benefits.

Exclusions

- Consultations.
- Study models.

PREVENTIVE

Covered Treatment

- Prophylaxis (cleaning).
- Periodontal maintenance.
- Space maintainers.

Limitations

- Any combination of prophylaxis and periodontal maintenance is covered twice in a Policy Year.
 - Periodontal maintenance procedures are covered only if a patient has completed active periodontal treatment.
- Space maintainers are covered once in a patient's lifetime for the same missing tooth or teeth through age 17.

Exclusions

- Plaque control program (oral hygiene instruction, dietary, instruction and home fluoride kits).
- Sealants.
- Preventive resin restorations
- Topical application of fluoride.

CLASS II

You should consult the provider as to any charges that may be your responsibility before treatment begins.

SEDATION**Covered Treatment**

- General Anesthesia
- Intravenous Sedation

Limitations

- General Anesthesia and Intravenous Sedation is a Covered Dental Benefit when administered by a licensed Dentist or other Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the state of Washington or as determined by the state in which the services are provided.
- **General anesthesia** is covered in conjunction with certain covered endodontic, periodontic and oral surgery procedures, as determined by DDWA, or a physically or developmentally disabled person, when in conjunction with Class I and II covered dental benefits.*
- Intravenous sedation is covered in conjunction with certain covered endodontic, periodontic and oral surgery procedures, as determined by DDWA.
- Either general anesthesia or intravenous sedation (*but not both*) are covered when performed on the same day.
- General anesthesia or intravenous sedation is only a paid covered benefit as specifically allowed above.

*Note: *These benefits are available only under certain conditions of oral health. It is strongly recommended that you have your dentist submit a Confirmation of Treatment and Cost request to determine if the treatment is a covered dental benefit. A Confirmation of Treatment and Cost is not a guarantee of payment. See the "Confirmation of Treatment and Cost" section for additional information.*

PALLIATIVE TREATMENT**Covered Treatment**

- Palliative treatment for pain.

RESTORATIVE**Covered Treatment**

- Restorations (fillings)
- Stainless steel crowns.

Limitations

- Restorations on the same surface(s) of the same tooth are covered once in a two-year period from the date of service for the following reasons:
 - Treatment of carious lesions (visible destruction of hard tooth structure resulting from the process of dental decay)
 - Fracture resulting in significant loss of tooth structure (missing cusp)
 - Fracture resulting in significant damage to an existing restoration

- If a resin-based composite or glass ionomer restoration is placed in a posterior tooth (except those placed in the buccal (facial) surface of bicuspids), it will be considered as elective procedure and an amalgam allowance will be made. The difference in cost is your responsibility.
- Restorations necessary to correct vertical dimension or to alter the morphology (shape) or occlusion are not a paid covered benefit.
- Stainless steel crowns are covered once in a two-year period from the seat date.

Exclusions

- Overhang removal, copings, re-contouring or polishing of restoration.

ORAL SURGERY

Covered Treatment

- Removal of teeth.
- Preparation of the mouth for insertion of dentures.
- Treatment of pathological conditions and traumatic injuries of the mouth.

Exclusions

- Bone replacement graft for ridge preservation.
- Bone grafts, of any kind, to the upper or lower jaws not associated with periodontal treatment of teeth.
- Tooth transplants.
- Orthognathic surgery or treatment
- Materials placed in tooth extraction sockets for the purpose of generating osseous filling.

PERIODONTICS

Covered Treatment

- Surgical and nonsurgical procedures for treatment of the tissues supporting the teeth.
- Services covered include:
 - Periodontal scaling/root planing*
 - Gingivectomy*
 - Limited adjustments to occlusion (eight teeth or fewer)

**Note: These benefits are available only under certain conditions of oral health. It is strongly recommended that you have your dentist submit a Confirmation of Treatment and Cost request to determine if the treatment is a covered dental benefit. A Confirmation of Treatment and Cost is not a guarantee of payment. See the "Confirmation of Treatment and Cost" section for additional information.*

Limitations

- Periodontal scaling/root planing is covered once in a Policy Year.
- Limited occlusal adjustments are covered once in a Policy Year.

Exclusions

- Occlusal guard (nightguard)
- Major (complete) occlusal adjustment.

ENDODONTICS

Covered Treatment

Procedures for pulpal and root canal treatment, services covered include:

- Pulp exposure treatment
- Pulpotomy
- Apicoectomy

Limitations

- Root canal treatment on the same tooth is covered only once in a two-year period from the date of service.
- Re-treatment of the same tooth is allowed when performed by a dentist other than the dentist who performed the original treatment and if the re-treatment is performed in a dental office other than the office where the original treatment was performed.

Exclusions

- Bleaching of teeth.

ACCIDENTAL INJURY

DDWA will pay 100 percent of the filed fee or the maximum allowable fee for Class I and Class II covered dental benefit expenses arising as a direct result of an accidental bodily injury. However, payment for accidental injury claims will not exceed the unused Plan maximum. A bodily injury does not include teeth broken or damaged during the act of chewing or biting on foreign objects. Coverage is available during the benefit period and includes necessary procedures for dental diagnosis and treatment rendered within 180 days following the date of the accident.

GENERAL EXCLUSIONS (Dental)

The benefits covered under this plan are subject to limitations and exclusion listed in the benefits sections above which affect the type or frequency of procedures which will be reimbursed. Additionally, this Plan does not cover every aspect of dental care. There are exclusions to the type of services covered. These general exclusions are detailed in this “*General Exclusions*” section. All limitations and exclusions warrant careful reading.

1. Dentistry for cosmetic reasons is not a paid covered benefit.
2. Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Such procedures, which include restoration of tooth structure lost from attrition, abrasion or erosion and restorations for malalignment of teeth, are not a paid covered benefit.
3. Services for injuries or conditions that are compensable under Worker's Compensation or Employers' Liability laws, and services that are provided to the covered person by any federal or state or provincial government agency or provided without cost to the covered person by any municipality, county, or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
4. Application of desensitizing agents (treatment for sensitivity or adhesive resin application).
5. Experimental services or supplies, which include:
 - a. Procedures, services or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, DDWA, in conjunction with the American Dental Association, will consider them if:
 - i) The services are in general use in the dental community in the state of Washington;
 - ii) The services are under continued scientific testing and research;
 - iii) The services show a demonstrable benefit for a particular dental condition; and
 - iv) They are proven to be safe and effective.
 - b. Any individual whose claim is denied due to this experimental exclusion clause will be notified of the denial within 20 working days of receipt of a fully documented request.
 - c. Any denial of benefits by DDWA on the grounds that a given procedure is deemed experimental may be appealed to DDWA. DDWA will respond to such appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20-day period may be extended only with written consent of the covered person.
 - d. Whenever DDWA makes an adverse determination and delay would jeopardize the covered person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral appeal and issue a decision no later than 72 hours after receipt of the appeal. If the treating Licensed Professional determines that delay could jeopardize the covered person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review under WAC 284-43-630.

6. Analgesics such as nitrous oxide, conscious sedation, euphoric drugs or injections of anesthetic not in conjunction with a dental service; or injection of any medication or drug not associated with the delivery of a covered dental service.
7. Prescription drug.
8. Hospitalization charges and any additional fees charged by the dentist for hospital treatment.
9. Charges for missed appointments.
10. Behavior management.
11. Completing claim forms.
12. Habit-breaking appliances which are, fixed or removable device(s) fabricated to help prevent potentially harmful oral health habits (e.g., chronic thumb sucking appliance, tongue thrusting appliance etc.), does not include Occlusal Guard.
13. Orthodontic services or supplies.
14. TMJ services or supplies.
15. This Plan does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.
16. All other services not specifically included in this Plan as Covered Dental Benefits.

DDWA shall determine whether services are Covered Dental Benefits in accordance with standard dental practice and the Limitations and Exclusions shown in this benefits booklet. Should there be a disagreement regarding the interpretation of such benefits, the subscriber shall have the right to appeal the determination in accordance with the non-binding appeals process in this benefits booklet and may seek judicial review of any denial of coverage of benefits.

CLAIM REVIEW AND APPEAL

Confirmation of Treatment and Cost (Formerly called Predeterminations)

A Confirmation of Treatment and Cost is a request made by your dentist to DDWA to determine your benefits for a particular service. This Confirmation of Treatment and Cost will provide you and your dentist with general coverage information regarding your benefits and your potential out-of-pocket cost for services.

A Confirmation of Treatment and Cost is not an authorization for services but a notification of Covered Dental Benefits available at the time the Confirmation of Treatment and Cost is made and is not a guarantee of payment (please refer to the “*Initial Benefits Determination*” section regarding claims requirements).

A standard Confirmation of Treatment and Cost is processed within 15 days from the date of receipt of all appropriate information. If the information received is incomplete DDWA will notify you and your Dentist in writing that additional information is required in order to process the Confirmation of Treatment and Cost. Once the additional information is available your Dentist should submit a new request for a Confirmation of Treatment and Cost to DDWA.

In the event your benefits are changed, terminated, or you are no longer covered under this Plan, the Confirmation of Treatment and Cost is no longer valid. DDWA will make payments based on your coverage at the time treatment is provided.

Urgent Confirmation of Treatment and Cost Requests

Should a Confirmation of Treatment and Cost request be of an urgent nature, whereby a delay in the standard process may seriously jeopardize life, health, the ability to regain maximum function, or could cause severe pain in the opinion of a physician or dentist who has knowledge of the medical condition, DDWA will review the request within 72-hours from receipt of the request and all supporting documentation. When practical, DDWA may provide notice of determination orally with written or electronic confirmation to follow within 72 hours.

Immediate treatment is allowed without a requirement to obtain a Confirmation of Treatment and Cost in an emergency situation subject to the contract provisions.

Initial Benefit Determinations

An initial benefit determination is conducted at the time of claim submission to DDWA for payment, modification or denial of services. In accordance with regulatory requirements, DDWA processes all clean claims within 30 days from the date of receipt. Clean claims are claims that have no defect or impropriety, including a lack of any required substantiating documentation, or particular circumstances requiring special treatment that prevents timely payments from being made on the claim. Claims not meeting this definition are paid or denied within 60 days of receipt.

If a claim is denied, in whole or in part, or is modified, you will be furnished with a written explanation of benefits (EOB) that will include the following information:

- The specific reason for the denial or modification
- Reference to the specific Plan provision on which the determination was based
- Your appeal rights should you wish to dispute the original determination

Appeals of Denied Claims

How to contact us

We will accept notice of an Urgent Care Grievance or Appeal if made by you, your covered dependent, or an authorized representative of your covered dependent orally by contacting us at the telephone number below or in writing directed to Delta Dental of Washington, P.O. Box 75983, Seattle, WA 98175-0983. You may include any written comments, documents or other information that you believe supports your claim. For more information please call 1-800-554-1907.

Authorized Representative

You may authorize another person to represent you or your child and receive communications from DDWA regarding your specific appeal. The authorization must be in writing and signed by you. If an appeal is submitted by another party without this authorization, a request will be made to obtain a completed Authorized Representative form. The appeal process will not commence until this form is received. Should the form, or any other document confirming the right of the individual to act on your behalf, i.e., power of attorney, not be returned, the appeal will be closed.

Informal Review

If your claim for dental benefits has been completely or partially denied, you have the right to request an informal review of the decision. Either you, or your authorized representative (see above), must submit your request for a review within 180 days from the date your claim was denied (please see your Explanation of Benefits form). A request for a review may be made orally or in writing and include the following information:

- Your name and ID number
- The claim number (from your Explanation of Benefits form)
- The name of the dentist

DDWA will review your claim and send you a notice within 14 days of receiving your request. This notice will either be the determination of our review or a notification that we will require an additional 16 days, for a total of 30 days. When our review is completed, DDWA will send you a written notification of the review decision and provide you information regarding any further appeal rights available should the result be unfavorable to you. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision. Informal reviews of wholly or partially denied claims are conducted by persons not involved in the initial claim determination.

Formal Review

If you are dissatisfied with the outcome of the informal review, you may make a written request that your claim be reviewed formally by the DDWA Appeals Committee. This Committee includes only persons who were not involved in either the original claim decision or the informal review.

Your request for a review by the Appeals Committee must be made within 90 days of the post-marked date of the letter notifying you of the informal review decision. Your request should include the information submitted with your informal review request plus a copy of the informal review decision letter. You may also submit any other documentation or information you believe supports your case.

The Appeals Committee will review your claim within 30 days of receiving your request. Upon completion of their review the Appeals Committee will send you written notification of their decision. Upon request, you will be granted access to, and copies of, all relevant information used in making the review decision.

Whenever DDWA makes an adverse determination and delay would jeopardize the covered person's life or materially jeopardize the covered person's health, DDWA shall expedite and process either a written or an oral appeal and issue a decision no later than seventy-two hours after receipt of the appeal. If the treating Licensed Professional determines that delay could jeopardize the eligible person's health or ability to regain maximum function, DDWA shall presume the need for expeditious review, including the need for an expeditious determination in any independent review consistent with applicable regulation.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Delta Dental of Washington is committed to protecting the privacy of your dental health information.

The Health Insurance Portability and Accountability Act (HIPAA) requires DDWA to alert you of the availability of our Notice of Privacy Practices (NPP), which you may view and print by visiting www.DeltaDentalWA.com. You may also request a printed copy by calling the DDWA privacy hotline at (800) 554-1907.

DENTAL CLAIMS QUESTIONS DDWA Group No. 00681

If you have questions regarding your dental benefits plan, you may call:

Delta Dental of Washington Customer Service
(800) 554-1907

Written inquiries may be sent to:

Delta Dental of Washington
Customer Service Department
P.O. Box 75983
Seattle, WA 98175-0983

You can also email us at CSservice@DeltaDentalWA.com.

For the most current listing of Delta Dental Participating Dentists, visit our online directory at www.DeltaDentalWA.com or call us at 800-554-1907.

Nondiscrimination and Language Assistance Services

Delta Dental of Washington complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Delta Dental of Washington does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Delta Dental of Washington:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- ◆ Qualified sign language interpreters
- ◆ Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language and service to people whose primary language is not English, such as:

- ◆ Qualified interpreters
- ◆ Information written in other languages

If you need these services, contact Delta Dental of Washington’s Customer Service at: 1(800)554-1907.

If you believe that Delta Dental of Washington has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Isaac Lenox, Compliance/Privacy Officer, PO Box 75983 Seattle, WA 98175, Ph: 1(800)554-1907, TTY: 1-800-833-6384, Fx: (206) 729-5512 or by email at: Compliance@DeltaDentalWA.com. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Isaac Lenox, Compliance/Privacy Officer is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington DC 20201, 1-800-868-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language	Tagline	Nondiscrimination Statement
Amharic	እርስዎ፣ ወይም እርስዎ የሚያግዙት ግለሰብ፣ ስለ Delta Dental of Washington ጥያቄ ካላችሁ፣ ያለ ምንም ክፍያ በቋንቋዎ እርዳታና መረጃ የማግኘት መብት አላችሁ። ከአስተርጓሚ ጋር ለመነጋገር፣ 1(800)554-1907 ይደውሉ።	ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Delta Dental of Washington ሽፋን አስፈላጊ መረጃ አለው። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖችን ፈልጉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት። 1(800)554-1907 ይደውሉ።
Arabic	والمعلومات المساعدة على الحصول في الحق فلدك Delta Dental of Washington إن لديك كان إن بخصوص أسئلة تساعد شخص لدى أية دون من بلغتك الضرورية 1(800)554-1907 بـ اتصل مترجم مع للتحدث. تكلفة	معلومات الإشعار هذا بحوي Delta Dental of Washington للحصول طلبك بخصوص مهمة معلومات الإشعار هذا بحوي. هامة. قد. الإشعار هذا في الهامة التاريخ عن ابحت خلال من التغطية على او الصحية تغطيتك على للحفاظ معينة تواريخ في اجراء لاتخاذ تحتاج في الحق لك. التكاليف 1(800)554-1907 دفع في للمساعدة بـ اتصل. تكلفة أي دون من بلغتك والمساعدة المعلومات على الحصول
Cambodian (Mon-Khmer)	ស្រីសបរិអ្នក ឬសរណម្ភក ក្នុងអ្នកកំពុងដេញយ ម្ភសសណ អ្នក Delta Dental of Washington ប្រ, អ្នកម្ភសសិចិេេលជន្មយនិមត្តិៃ ម្ភស ប្រាកនុដកាសា ររសអ្នក ប្រោយមិសអ្នបុក ។ ប្រើមបីនិយាយជាម្ភយអ្នករកដប្រ សុម 1(800)554-1907.។	បសចកកិដ្ឋនៃណិដបនេ: ម្ភសតៃៃម្ភសយៃៃ ដសខាន ។ បសចកកិដ្ឋនៃណិដបនេ: ម្ភសតៃៃម្ភសយៃៃ ដសខាន អ្នៃៃប្រដដររ ឬ ការរ ររស ររសអ្នកតាមរយ: Delta Dental of Washington ។ សូមដសែដរកការររិបចេៃសខានចៃៃ ប្រាកនុដបសចកកិដ្ឋនៃណិដបនេ: ។ អ្នកប្រដេលជាបៃៃៃការររចេញសកមមភាព ៃៃសកៃៃៃៃដៃដៃកចាសនានា ប្រើមបីនិដរកៃៃៃៃការរ ររដសុខភាពររសអ្នក ឬបុកជន្មយបចេញៃៃ ។ អ្នកម្ភសសិចិេេលតៃៃៃម្ភសនេ: និដជន្មយប្រាកនុដកាសាររសអ្នកប្រោយមិសអ្នបុ ប ើយ ។ សុមៃៃៃៃៃ 1(800)554-1907.
Chinese	如果您，或是您正在協助的對象，有關於[插入項目的名稱 Delta Dental of Washington 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1(800)554-1907.	本通知有重要的訊息。本通知有關於您透過[插入項目的名稱 Delta Dental of Washington 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 [在此插入數字 1(800)554-1907.

	gastos. Upang makausap ang isang tagasalin, tumawag sa 1(800)554-1907.	mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 1(800)554-1907.
Ukrainian	Якщо у Вас чи у когось, хто отримує Вашу допомогу, виникають питання про Delta Dental of Washington, у Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб зв'язатись з перекладачем, задзвоніть на 1(800)554-1907.	Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через Delta Dental of Washington. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 1(800)554-1907.
Vietnamese	Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Delta Dental of Washington, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1(800)554-1907.	Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình Delta Dental of Washington. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 1(800)554-1907.

DENTAL CLAIMS QUESTIONS

DDWA Group No. 00681

If you have questions regarding your dental benefits plan, you may call:

Delta Dental of Washington Customer Service
(800) 554-1907

Written inquiries may be sent to:

Delta Dental of Washington
Customer Service Department
P.O. Box 75983
Seattle, WA 98175-0983

You can also email us at CSservice@DeltaDentalWA.com.

For the most current listing of Delta Dental Participating Dentists, visit our online directory at www.DeltaDentalWA.com or call us at 800-554-1907.