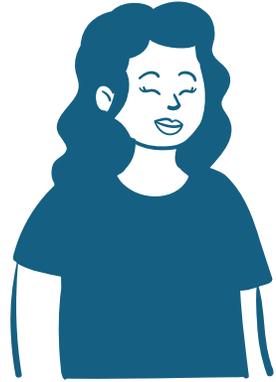


# SSB 5351 Collaborative

## In-Network/Out-of-Network Journey

February 27, 2026



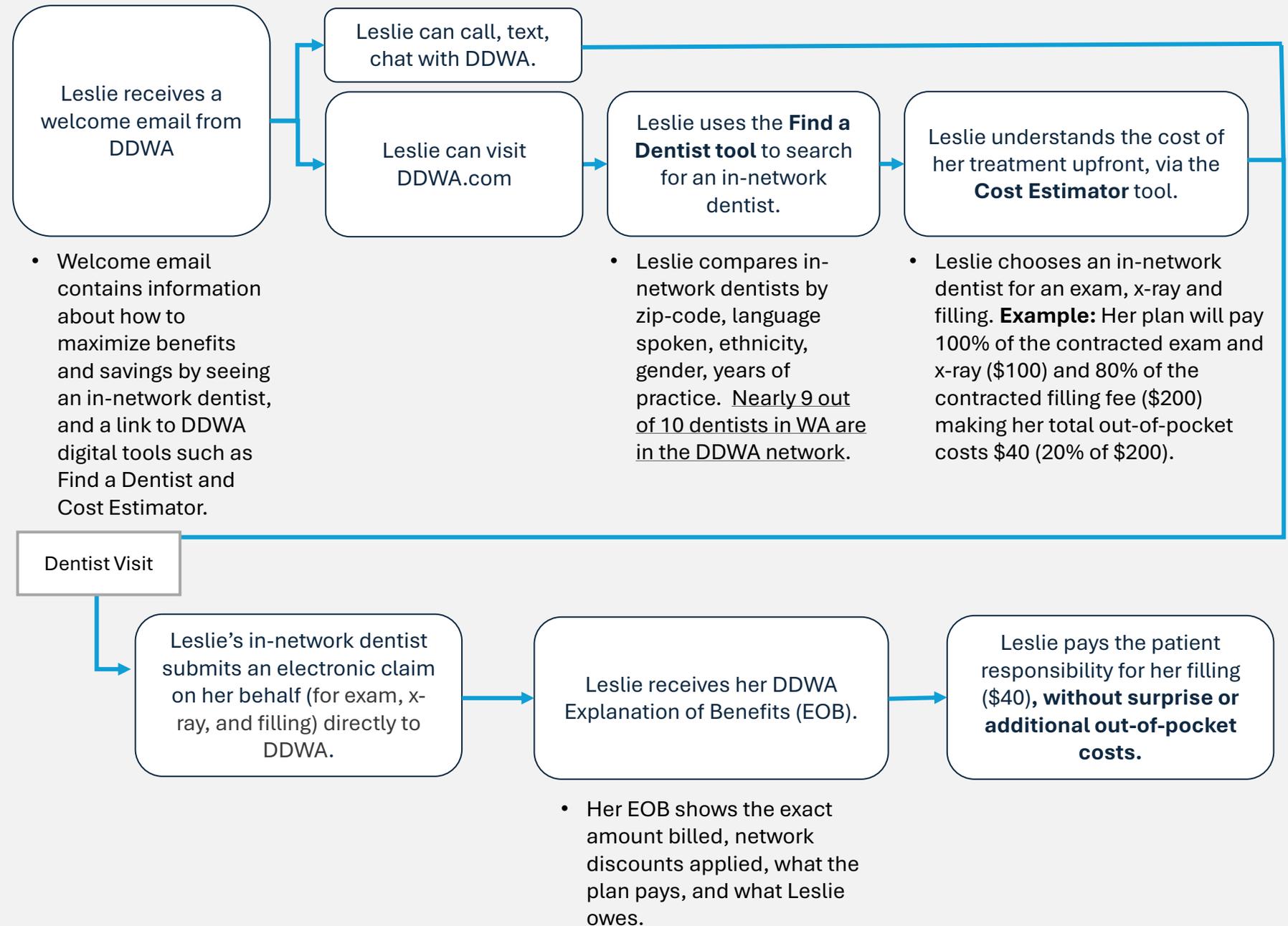


## In Network Dentist Experience

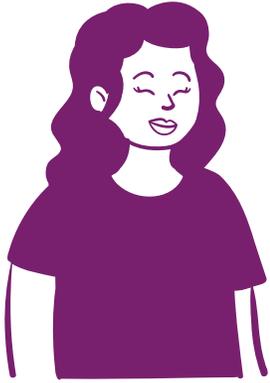
Leslie can easily search for in-network dentists, choose a dentist that fits her preferences, and understand her costs before ever visiting the office.

By using an in-network dentist Leslie is getting the full advantage of the benefits under her plan, while minimizing out-of-pocket costs through DDWA's contracted rates.

\*Requesting a pre-determination is recommended for higher-cost services.



NOTE: Fees are illustrative

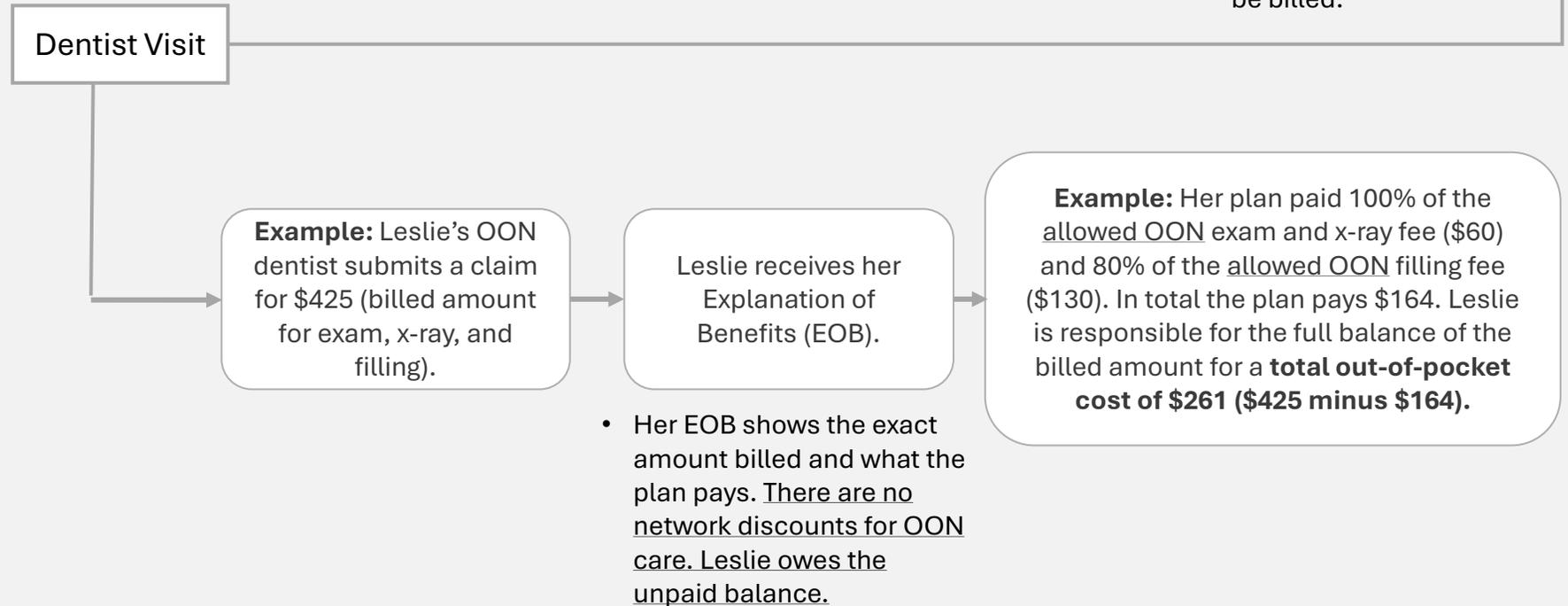
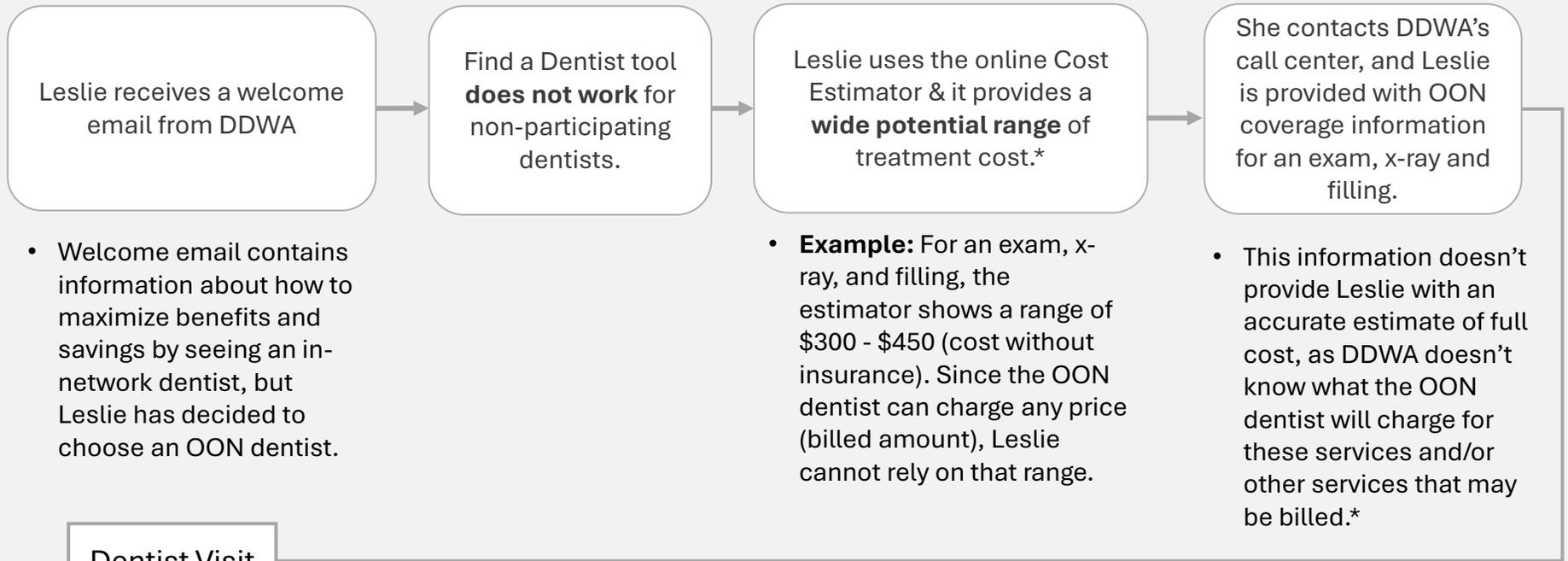


## Non-Participating/Out of Network (OON) Dentist Experience

Leslie is unable to search for a non-participating dentist within the Find a Dentist tool. She also lacks full cost transparency before the appointment.

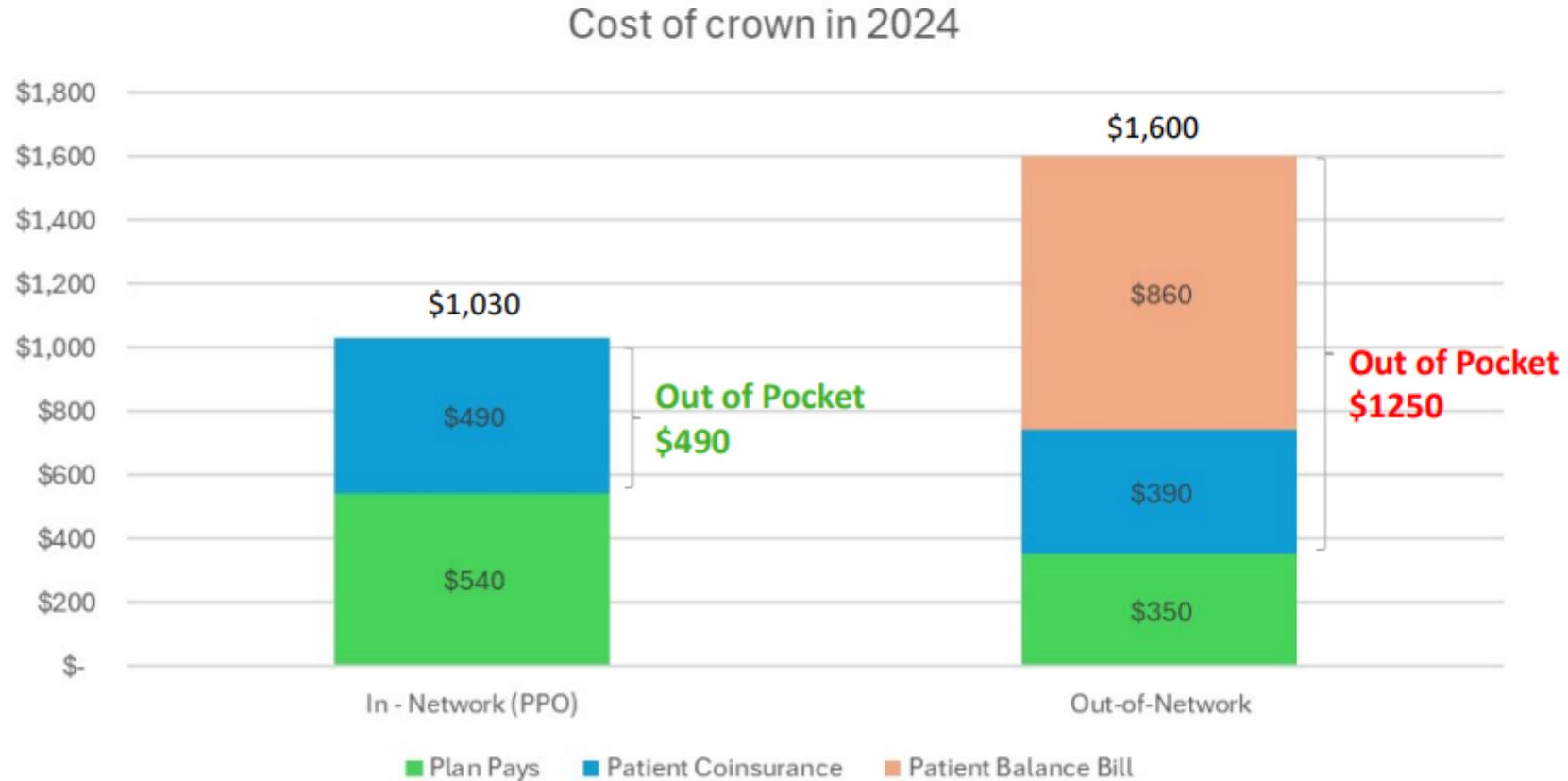
Non-participating dentists are not required to self-submit claims on behalf of their patients and may charge any price (billed amount).

\*Requesting a pre-determination is the **only way** for a patient to obtain full transparency to costs for OON services.



NOTE: Fees are illustrative

# Out-of-network care dramatically increases patients' out of pocket costs and total costs for the same procedures.



# DDWA Benefit Booklet statement regarding out-of-network dentists

## **Non-Participating Dentists**

If you prefer a Dentist that does not participate in the Delta Dental PPO or Delta Dental Premier Networks, we will pay the benefits for covered services up to the Maximum Allowable Fee for Non-Participating Dentists, or the actual charge, whichever is less. Dentists that do not participate in the Delta Dental PPO Network or Delta Dental Premier Network have not contracted with DDWA to charge established fees for covered services; DDWA has no control over the prices they charge you or their billing practices.

As a result, your out-of-pocket costs may be substantially higher if you use a Non-Participating Dentist than with a Delta Dental PPO or Delta Dental Premier Dentist. You will be responsible for payment of any balance remaining after the DDWA benefit is paid.

# MySmile<sup>®</sup> - Member Portal

## My Dashboard

### ID card

Delta Dental of Washington  
**Member Name:** James Smith  
**Member ID:** 455192314  
**Group Name:** ABC company  
**Group ID:** 00488-13010  
**Dental Network:** Delta Dental PPO  
**Customer Service:** 1-800-554-1907

**Member name**  
James Smith

**Network**  
Delta Dental PPO

**Member ID**  
455192314

[Download & Print](#)

### Member Programs

#### TotalHealth Wellness Program Form

Your plan offers benefits for you and your dependents if you have been diagnosed with certain medical conditions that impact your oral health.

[GO TO FORM](#)

### Quick links

[Claims Status](#)

[Coverage Overview](#)

[My Usage](#)

[ADA Claim Form](#)

[My Activity & EOBs](#)

[Virtual Dentistry Login](#)

[Documents](#)

#### Need to get in touch?

Chat with us using the button on the right side of your screen

Text us

[1-833-604-1246](tel:1-833-604-1246)

Call us

[1-800-554-1907](tel:1-800-554-1907)

Mon - Fri: 6 am - 5 pm PST

# Benefit usage

## My benefits usage + recent activity

✓ Myself

### Plan maximums

Diagnostic & preventive maximum - Unlimited	
\$0.00 used	Unlimited
<div style="width: 100%; height: 10px; background-color: #e0f2f1;"></div>	
Individual annual maximum - \$2,000.00	
\$0.00 used	\$2,000.00 left
<div style="width: 100%; height: 10px; background-color: #e0f2f1;"></div>	
Orthodontics maximum - \$2,000.00	
\$304.50 used	\$1,695.50 left
<div style="width: 15%; height: 10px; background-color: #43a047;"></div>	
TMJ maximum - \$1,000.00	
\$0.00 used	\$1,000.00 left
<div style="width: 100%; height: 10px; background-color: #e0f2f1;"></div>	
TMJ maximum - \$5,000.00	
\$0.00 used	\$5,000.00 left
<div style="width: 100%; height: 10px; background-color: #e0f2f1;"></div>	

### Claims Activity

[View all](#)

Date	Provider	Member Total Cost
<a href="#">Nov 03, 2025</a>		\$0.00
<a href="#">Apr 18, 2025</a>		\$0.00
<a href="#">Oct 11, 2024</a>		\$0.00
<a href="#">Mar 07, 2024</a>		\$0.00
<a href="#">May 25, 2023</a>		\$0.00
<a href="#">Sep 30, 2022</a>		\$0.00

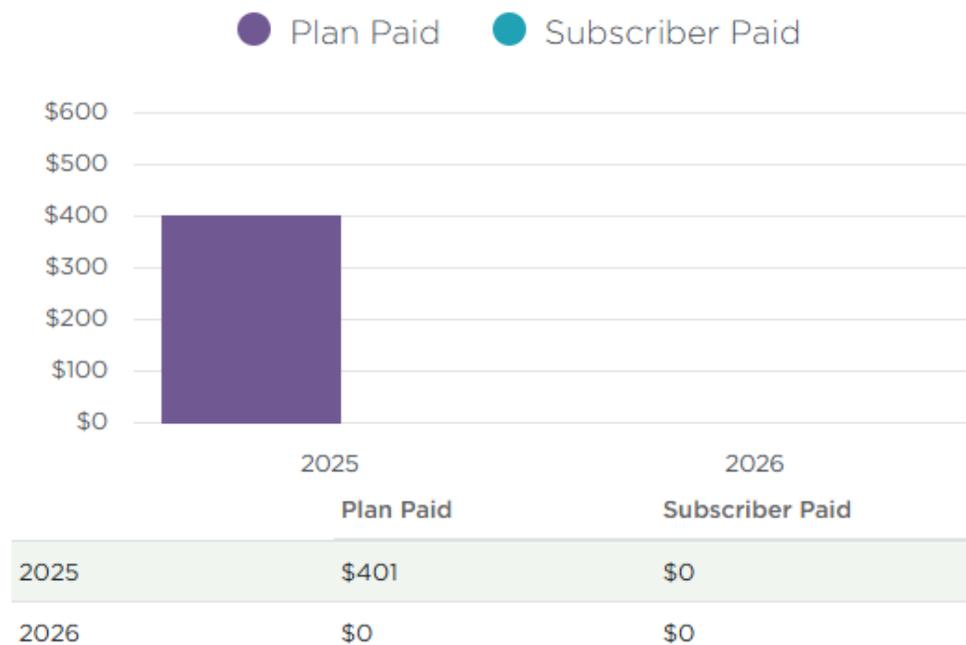
Plan maximums are the total dollar amount a dental plan will pay toward the cost of dental care within a specific benefit period.

# Benefit usage cont.

## Deductible: Individual

Data is not available or there is no active coverage for this member

## Dental treatment costs



## Tips for using your benefits

### Do you have other dental coverage?

Let us know if you're covered by more than one dental plan. We'll work with your other carrier to ensure you get the most from your dental benefits. This process is called "coordination of benefits."

### Does your smile need dental treatment?

Get a precise out-of-pocket cost estimate by asking your dentist to submit a Predetermination. Once submitted, you'll receive a Confirmation of Treatment and Costs. It details your dentist's specific treatment plan, what your benefits pay, and what you'll owe your dentist for the treatment.

# Claims activity

## Claims Activity

View all claims and confirmations of treatment cost here. Use the buttons below to filter your results.

Family member

Myself ▼

[Other Filters](#)

**Claims Status**

Confirmation of Treatment and Cost

COMPLETED		Plan Pays	Your Cost	DETAILS
<b>Jan 20, 2026</b> Claim #202602568482200 Provider: Francis Norris		\$135.00	\$22.00	
<b>Jan 19, 2026</b> Claim #202602767280400 Provider: Francis Norris		\$174.00	\$0.00	

## James's Vist Visit Jan 20, 2026

Claim #202602568482200 | Provider: Francis Norris



Amount Billed	\$370.00
Network Discount	--
Plan Pays	-\$135.00
Your Cost	\$22.00

(-- deductible incl.)

How is this calculated? [i](#)

## Services

<b>Fluoride Vrnsh</b> Network Discount Plan Pays Your Cost	-- \$47.00 \$0.00 (-- deductible incl.)
<b>Gingival Irrigt</b> Network Discount Plan Pays Your Cost	-- \$0.00 \$0.00 (-- deductible incl.)
<b>Scaling-FM</b> Network Discount Plan Pays Your Cost	-- \$88.00 \$22.00 (-- deductible incl.)

# Explanation of Benefits

Front

Back



Delta Dental of Washington  
PO Box 75983 | Seattle, WA 98175-0983

**Forwarding Service Requested**

TEST SUBSCRIBER  
1234 NE 345TH CIR  
CITY, STATE, ZIP

DELTA DENTAL  
1234  
079 1844

J267 [30,310] 2 of 2



## Welcome

Here's Your Explanation of Benefits

**THIS IS NOT A BILL**

<b>Patient Name</b>	TEST PATIENT
<b>Member ID</b>	999999999
<b>Group ID</b>	00474-92020

30-310

	Save a tree, save yourself the wait. Activate your MySmile® account to choose "paperless communications". Reduce your carbon footprint AND get your EOBs faster. Visit: <a href="https://DeltaDentalWA.com/mysmile">DeltaDentalWA.com/mysmile</a>	<b>Total Billed</b>	<b>Other Insurance</b>	<b>Your Share</b>	<b>Network Savings</b>
		\$361.00	\$0.00	\$20.20	\$0.00

Claim #	Service Provided By	Claim Paid Date					
202601631122600	GREG WILLIAMS	01/22/26					
Claim Notes	Service	Service Date	Amount Billed	Network Discount	Deductible Applied	Paid By Your Dental Plan	Your Share
	Perdc Oral Eval	01/14/26	\$49.00	\$0.00	\$0.00	\$49.00	\$0.00
	Prophy - Adult	01/14/26	\$110.00	\$0.00	\$0.00	\$110.00	\$0.00
	Resin 2srf Post	01/15/26	\$202.00	\$0.00	\$0.00	\$181.80	\$20.20
<b>TOTAL</b>			<b>\$361.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$340.80</b>	<b>\$20.20</b>

Have a Question? Contact Customer Service via:



Text: 833-604-1246



Call: 1-800-554-1907

If you have questions or concerns about the actions of your insurance company or agent, or would like information on your rights to file an appeal, contact the Washington state Office of the Insurance Commissioner's consumer protection hotline at 1-800-562-6900 or visit [www.insurance.wa.gov](http://www.insurance.wa.gov). The insurance commissioner protects and educates insurance consumers, advances the public interest, and provides fair and efficient regulation of the insurance industry.

<b>YOUR BENEFITS SUMMARY</b>	<b>Benefit Period: 01/01/2026 - 12/31/2026</b>
	<i>paid-to date      annual</i>
Maximum Diagnostic/Preventive Services	\$181.80      \$3,000.00
	\$0.00      Unlimited
	<i>paid-to date      lifetime</i>
Orthodontia Maximum	\$51.00      \$2,500.00

Benefit Period Maximum Remaining: \$2,818.20

### YOUR RIGHT TO APPEAL

You have the right to appeal any decisions in this Explanation of Benefits (EOB) if you disagree with them. You may appeal the decisions verbally or in writing. We must receive your request for appeal within 180 days of the date your claim was processed. Your request must include the decision you wish to appeal and reason it needs review. Please also include the claim number, member's name, patient's name if different from the member (i.e. your child), and the name of the dentist the patient visited. This information is for identification purposes only.

You can find detailed claim information on the front side of this EOB. Please contact our Customer Service Team at the number on the front of this EOB to request any internal rules, guidelines, plan details, protocols, and other relevant materials used to process your claim.

We'll handle your benefit determination appeal in accordance with state regulations and the provisions outlined in your plan. You'll receive a letter with our decision regarding your appeal within 30 business days. If you disagree with our decision on this first level of appeal, our letter will include information on how you may request an additional review. If you still do not agree with the decision after you have completed all levels of our appeal process, there are other avenues available to you. These may include, but are not limited to, civil remedies and review by regulatory agencies.

If you request a review of an adverse benefit determination, we will continue to provide coverage for the disputed benefit period ending outcome of the review if you are currently receiving services or supplies under the disputed benefit. If we prevail in the appeal, you may be responsible for the cost of coverage received during the review period. The decision at the external review level is binding unless other remedies are available under the state or federal law.

### If you wish to request an appeal, please call customer service, write, email, fax or download an appeal form at [DeltaDentalWA.com](https://DeltaDentalWA.com):

Claim Appeal Representative, Delta Dental of Washington  
P.O. Box 75983  
Seattle, WA 98175-0983  
Fax: 509.685.6662  
Email: [memberappeals@deltadentalwa.com](mailto:memberappeals@deltadentalwa.com)

### QUESTIONS?

Have questions about your claim, benefits and to go paperless? Call customer service or visit MySmile® Personal Benefits Center at [DeltaDentalWA.com](https://DeltaDentalWA.com) for assistance. If you would like to use Washington Relay Service, simply dial 711 (the statewide telephone relay number) or 800.833.6384 to reach a communications assistant.

### FRAUD & ABUSE

If you believe this EOB contains misleading or false information, please contact our Fraud and Abuse Hotline at 800.211.0359.

### YOUR PRIVACY IS IMPORTANT TO US

Delta Dental of Washington is committed to protecting the privacy of your dental health information. To view and print a copy of our Notice of Privacy Practices (NPP), visit <https://www.DeltaDentalWA.com/privacy-policy>. You may also request a printed copy by calling our privacy hotline at 888.338.0172.

# Welcome Letter

20251211TEC  
J026  
21557

J026 [1] 1 of 1 Bins[01000]

 DELTA DENTAL

Delta Dental of Washington  
PO Box 75983  
Seattle, WA 98175-0983

  
[DR-]

**FORWARDING SERVICE REQUESTED**

First name, Last name      J026      1  
Address 1  
City, State, Zip

12/17/2025

First name, Middle initial, Last name,

Welcome to your Delta Dental plan. We're here to help you get the most from your benefits to keep your smile healthy.

 **Find an in-network dentist** to maximize your dental coverage. Your plan's network is on your ID card below. Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com) and use our Find a Dentist tool to find one near you.

 **Create a MySmile® account** at [DeltaDentalWA.com](https://www.DeltaDentalWA.com). Use it to access your digital ID card, view your benefits, get instant out-of-pocket costs and more.

 **Visit your dentist regularly.** Your plan covers preventive care visits each year. Regular cleanings and check-ups are essential to keeping your smile healthy and preventing painful, expensive problems down the road.

NOTE: The attached ID card is valid for you and all your covered dependents.

Have a question along the way? Give us a call or text us at the numbers on your card. We're happy to help.

# Usage of Online tools

**Public Website  
Full year 2025**

**2.41M Active Users**



**12%** used Find-a-Dentist Tool



**2.7%** used Cost Estimator Tool

**Private (Logged in – My Smile) Website  
Full year 2025**

**494K Active Users**



**16.5%** used Find-a-Dentist Tool



**8%** used Cost Estimator Tool

**Call Center**



**5% of calls** were related to Find-a-Dentist



**2% of calls** are about Estimating Costs