



Delta Dental of Washington

## **Benefit Booklet Insert**

# **Washington Technology Industry Association – Voluntary**

**Delta Dental PPO<sup>SM</sup>**

**National Coverage Plan**

**Plan Number: 09890 Voluntary Plan 11**

**Plan Changes Effective: May 1, 2025**

This insert supplements your Dental Care Service Contract with Delta Dental of Washington.

This notice forms part of and must be read together with your Benefits Booklet.

Your Benefit Booklet wording is amended as detailed on the following page(s). All other terms and conditions remain unchanged.

## Benefit Booklet Insert

**Group Number: 09880 Voluntary Plan 11**

**Group Name: Washington Technology Industry Association – Voluntary**

The revisions to your Benefit Booklet outlined below represent changes to your benefits and/or changes to how your plan is administered.

New language is underlined and deleted language is shown with a ~~strike through it~~, unless otherwise noted

### Benefit Changes

None

### Plan Administration Changes

Effective 05/01/2025, group has revised their Contract Term from December 1, 2024 – ~~November 30~~ December 31, 2026.