

Reliable Property Solutions LLC
Group # 16970

Delta Dental PPOSM — Enhanced Benefit Summary

Effective Date	December 01, 2025
Benefit Period	January 1 – December 31
Benefit Period Deductible Per Person/Per Family Waived on Class 1 Services	\$50/\$150
Annual Maximum	\$4,000
Diagnostic & Preventative Waiver	Class 1 Services do not Accumulate against the Annual Maximum
TMJ Annual Maximum Lifetime Maximum	50% \$1,000 \$5,000
Orthodontia Adults and Dependent children Coinsurance & Lifetime Maximum (Per Person)	Not Available

	Dental Network			
	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist	Out-of-State (Out-of-Service-Area Dentist
Class I – Diagnostic & Preventive				
Exams, X-rays, & Cleanings	100%	100%	100%	100%
Fluoride & Sealants				
Periodontal Maintenance				
Class II – Restorative				
Fillings & Posterior Composites	90%	80%	80%	90%
Oral Surgery				
Endodontics (Root Canal)				
Periodontics				
Athletic Mouth Guard				
Class III – Major				
Crowns & Bridges	60%	60%	60%	60%
Dentures & Partial Dentures				
Implants				



This is only a brief summary of benefits and does not include all information about this plan. This summary is not a contract for benefits. Once you are enrolled you will receive a benefits booklet that details your Delta Dental of Washington plan benefits. Please call our customer service department if you have any questions or visit us at [DeltaDentalWA.com](https://www.DeltaDentalWA.com).

Get the most from your benefits!



Create a MySmile® account

It gives you secure, 24/7 access to your ID card, benefits information, out-of-pocket cost estimates, and more! Our “Find your member ID” lookup tool makes registration easy. Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com) to create your account.

Choose an in-network dentist

Your plan gives you access to the Delta Dental PPOSM network. Your benefits go farthest when you visit a Delta Dental PPO dentist which gives you the most bang for your buck.

If you see a NON-Delta Dental PPO dentist, you won’t maximize your benefits. Your annual maximum won’t go as far and you’ll likely have greater out-of-pocket costs.

	Delta Dental PPO	Delta Dental Premier	Non-Delta Dental
Your plan’s network	✓		
Benefits go farthest which means least out-of-pocket costs	✓		
Files claims forms for you	✓	✓	
Comes with our quality management and cost protection	✓	✓	
No cost protection which means greatest out-of-pocket costs			✓

Find an in-network dentist near you:

1. Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com)
2. Click on ‘Online Tools’ and use our ‘Find a Dentist’ tool
3. Select ‘Delta Dental PPO’ to filter your search results



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.

Get out-of-pocket cost estimates

Knowing your cost upfront helps you and your dentist plan treatments to maximize your benefits.

MySmile Cost GenieSM gives you instant, cost estimates. It’s great for basic treatments like fillings. Simply sign in to MySmile account to get your personalized estimate.

When you need extensive treatment, like a crown, ask your dentist for a “Predetermination.” You’ll get a **Confirmation of Treatment and Cost** from us. It details your dentist’s treatment plan, what your benefits cover, and how much you may owe your dentist for the treatment.



Have a question?

Give us a call at 800.554.1907, Monday – Friday from 6am to 5pm, Pacific Time. We’re happy to help.
Text 833.604.1246 | Visit [DeltaDentalWA.com](https://www.DeltaDentalWA.com)



Delta Dental of Washington

Declaration Page

DENTAL CARE SERVICE CONTRACT

Group # 16970

PLAN: PPO Enh 100/90/60

Reliable Property Solutions LLC, herein called Group, agrees to a dental care service contract with Delta Dental of Washington, a nonprofit corporation incorporated in Washington State and a member of Delta Dental Plans Association, herein called DDWA. This Contract is issued and delivered in the State of Washington and is governed by Washington State laws. It is subject to the terms listed on the subsequent pages, the Certificate of Coverage, and any appendices and amendments, which are all a part of this Contract.

Plan Information				
Contract Term:	The effective date of this Contract shall be 12:01 a.m. Pacific Time on the first day of December, 2025 at Seattle, Washington and shall run for a period of twelve (12) months through November 30, 2026. The Contract Term shall be the period beginning December 01, 2025 through November 30, 2026.			
Benefit Period:	The initial Benefit Period is the first day of the month December and ending the last day of the month December 2025; thereafter, January 1, through December 31.			
Minimum Group Size:	Minimum 2 Employees Enrolled.			
Plan Details				
Plan Maximums:	Annual Plan Maximum:		\$4,000 Class I covered dental benefits do not accrue towards the Annual Plan Maximum.	
	Temporomandibular Joint Benefits (TMJ) Plan Maximum:		Annual TMJ maximum \$1,000 Lifetime TMJ maximum \$5,000	
	Optional Orthodontia Lifetime Maximum for Adults and Dependent Children:		No Orthodontia Coverage	
Plan Deductible:	Individual:	\$50	Family:	\$150
	The deductible does not apply to Class I, Optional Orthodontia, or Accidental Injury Benefits.			
Covered Dental Benefits	Delta Dental PPO Dentists	Delta Dental Premier Dentists		Non-Participating Dentists
Class I	100%	100%		100%
Class II	90%	80%		80%
Class III	60%	60%		60%
Temporomandibular Joint	50%	50%		50%
Optional Orthodontia	Not Covered	Not Covered		Not Covered
Accidental Injury	100%	100%		100%
Waiting Periods	There is no waiting period for covered benefits under this Plan.			


Monthly Premium	Description	Rate
	Employee Only (EMP)	\$ 73.45
	Employee & Spouse (ESP)	\$ 152.80
	Employee & Child(ren) (ECH)	\$ 160.15
	Employee, Spouse & Child(ren) (E5D)	\$ 239.85

Accepted By:

Reliable Property Solutions LLC
8001 208th Street Ct E
Spanaway, WA 98387-5345

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

By: _____
Title: _____
Date: _____

By: 
Title: Vice President, Underwriting and Actuarial
Date: September 24, 2025

**Delta Dental of Washington
Dental Care Service Contract**

PLAN: Delta Dental PPOSM

Effective: December 1, 2025

Article I —Definitions

For the purpose of this Contract, the following definitions shall apply:

- 1.01 **Benefit Period:** The time period that applies to the frequencies and limitations. The Benefit Period is shown on the Declaration Page.
- 1.02 **Certificate of Coverage:** The benefit booklet which describes in summary form the essential features of the contract coverage, and to or for whom the benefits hereunder are payable. In the event that contracts are changed or amended, new certificates or a clearly understandable benefit booklet insert to existing certificates shall be furnished. The Certificate of Coverage is incorporated into this Contract by this reference as if it were fully written in this document.
- 1.03 **Contract:** This agreement between DDWA and Group, including any and all Certificates of Coverage, Declaration Page, Group application and enrollment forms, or other attachments or amendments. This Contract constitutes the entire Contract between the parties and supersedes any prior agreement, understanding or negotiation between the parties.
- 1.04 **Contract Term:** The period of time specified on the Declaration Page to which benefits and Premiums are payable.
- 1.05 **Covered Dental Benefit:** Dental services that are covered under this Contract, subject to the limitations and exclusions set forth in the Certificate of Coverage.
- 1.06 **DDWA:** Delta Dental of Washington, a nonprofit corporation incorporated in Washington State. Delta Dental of Washington is a member of the Delta Dental Plans Association.
- 1.07 **Declaration Page:** The summary of Plan information including co-payment amounts, annual maximums, Benefit Period, Contract Term and signatures of the parties of this Contract. The Declaration Page is incorporated into this Contract by this reference as if it were fully written in this document.
- 1.08 **Delta Dental:** The Delta Dental Plans Association, which is a nationwide not-for-profit organization of health care service plans, which offers a range of Group dental benefit Plans.
- 1.09 **Delta Dental PPOSM Dentist:** A Delta Dental Participating Dentist who has agreed to render services and receive payment in accordance with the terms and conditions of a written Delta Dental PPO Provider Agreement between DDWA and such Dentist.
- 1.10 **Delta Dental Premier[®] Dentist:** A Delta Dental Participating Dentist who has agreed to render services and receive payment in accordance with the terms and conditions of a written Delta Dental Provider Agreement between DDWA and such Dentist.
- 1.11 **Dentist:** A licensed Dentist legally authorized to practice dentistry at the time and in the place services are performed. This Contract provides for covered services only if those services are performed by or under direction of a licensed Dentist or other Licensed Professional operating within the scope of their license.
- 1.12 **Eligibility Date:** The date on which an Eligible Person becomes eligible to enroll in the Plan.

- 1.13 **Eligible Dependent:** Any dependent of an Eligible Employee who meets the conditions of eligibility described in Appendix B.
- 1.14 **Eligible Employee:** Any Employee who meets the conditions of eligibility described in Appendix A.
- 1.15 **Eligible Person:** An Eligible Employee or an Eligible Dependent.
- 1.16 **Employee:** A person who is designated as an Employee by the Group for the purposes of this Plan.
- 1.17 **Enrolled Dependent, Enrolled Employee, Enrolled Person:** Any Eligible Dependent, Eligible Employee or Eligible Person, as applicable, who has completed the enrollment process and for whom the Group has submitted the monthly Premium to DDWA.
- 1.18 **Filed Fee:** The negotiated fee for a specific dental procedure performed by a Participating Dentist.
- 1.19 **Group:** The employer or entity that is contracting for dental benefits for its Employees in this Contract.
- 1.20 **Licensed Professional:** An individual legally authorized to perform services as defined in their license. Licensed Professional includes, but is not limited to a denturist, hygienist and radiology technician.
- 1.21 **Lifetime Maximum:** The maximum amount DDWA will pay in the specified Covered Dental Benefit class for an insured individual during the time that individual is on this Plan or any other DDWA Plan offered by this Employer.
- 1.22 **Maximum Allowable Fee:** The maximum dollar amount that will be allowed toward the reimbursement for any service provided for a Covered Dental Benefit.
- 1.23 **Non-Participating Dentist:** A licensed Dentist who has not agreed to render services and receive payment in accordance with the terms and conditions of a written Delta Dental Participating Dentist Agreement between DDWA and such Dentist.
- 1.24 **Open Enrollment Period:** The annual period during which Eligible Employees may select benefits Plans and add or remove Eligible Dependents. Coverage changes made during the Open Enrollment Period will be effective as of the renewal date.
- 1.25 **Participating Dentist:** A licensed Dentist who has agreed to render services and receive payment in accordance with the terms and conditions of a written Delta Dental Provider Agreement between Delta Dental and such Dentist, and includes Delta Dental PPO Dentists and Delta Dental Premier Dentists.
- 1.26 **Plan Coinsurance:** The applicable percentage of the appropriate fee for a Covered Dental Benefit that is paid by DDWA as described in Appendix C. Sometimes this is referred to as the payment level.
- 1.27 **Plan:** This Contract that provides dental benefits. Any other Contract that provides dental benefits and meets the definition of a “Plan” in the “Coordination of Benefits” section of the Certificate of Coverage is a Plan for the purposes of coordination of benefits.
- 1.28 **Premium:** The monthly amount payable by Group as designated on the Declaration Page.
- 1.29 **Service Area:** Washington State, the geographic area in which DDWA will issue this policy. Dental Benefits are provided for covered services received outside of Washington State.

Article II — Eligibility

- 2.01 Every person who meets the conditions of eligibility as set forth in Appendix A or Appendix B is eligible to enroll in this Plan for dental benefits.
- 2.02 Group shall submit a list of Enrolled Persons to DDWA prior to the beginning of each monthly eligibility period.

Article III — Invoicing and Payment

- 3.01 The monthly Premium is detailed on the Declaration Page.
- 3.02 Group shall pay DDWA's full invoiced amount, by Electronic Fund Transfer (EFT), on or before the first day of the calendar month for which benefits are to be provided. No person shall be entitled to benefits under this Contract during any month for which Premium payment has not been received by DDWA.
- 3.03 If monthly payment is not received within 30 days of the due date, DDWA may give written notice that payment is due and may, at its discretion, terminate all benefits and be released from all further obligations as described in Article IX "Notice and Termination".
- 3.04 Retroactive enrollment additions (payments) for administrative purposes will only be accepted for 90 days.
- 3.05 Retroactive enrollment terminations (credits) for administrative purposes will only be accepted for 90 days, or to the end of the month of the last paid claim of the terminated Enrolled Person, whichever is later.
- 3.06 DDWA shall not be obligated to recoup any funds paid to providers for treatment performed in good faith that the patient's eligibility was current and accurate at the time of treatment.
- 3.07 The Premium payable by Group under this Contract is based upon enrollment of the Group's Employees and their dependents as defined in Appendix A and Appendix B. In the event the number of Enrolled Employees reported in each of three consecutive months by Group shall be less than the number listed under minimum Group size on the Declaration Page, DDWA may:
- 1) Terminate this Contract; or
 - 2) Propose to Group an adjustment in Premium, Covered Dental Benefit or Payment Levels and the effective date of such adjustment.
- If Group does not agree to the proposed adjustment within 30 days, DDWA may terminate this Contract at the end of the month for which Premium had been received by DDWA prior to the date of such notice to Group. In the event DDWA terminates this Contract in accordance with the provisions of this paragraph, the provisions of Article IX "Notice and Termination" shall apply.
- 3.08 Legislative Surcharge Clause — If any governmental unit imposes any new tax or assessment, or increases the rate of any current tax or assessment, that is measured directly by the payments made to DDWA by Group or payments made by DDWA for claims, then DDWA is authorized to increase the monthly Premium by the amount of such new tax, assessment or increase, or pass through the exact tax amount to the Group separately.

Article IV — Benefits Provided, Limitations and Exclusions

- 4.01 Covered Dental Benefits, limitations, and exclusions are as described in the Certificate of Coverage and are subject to the Plan maximum and deductible, as described in Appendix C.
- 4.02 The percentages of the Maximum Allowable Fee, Filed Fee, or the Dentists' actual charges payable by DDWA for Covered Dental Benefits provided to an Enrolled Person are defined in Appendix C.
- 4.03 Timely Filing — DDWA shall not be obligated to pay for treatment performed if claim forms are submitted for payment more than 365 days after the date of such treatment. For optional orthodontia claims, the initial banding date is the treatment date considered in the timely filing.

- 4.04 Payment for services provided by a Delta Dental Participating Dentist will be made directly to the Dentist. Contracts between Delta Dental and its Participating Dentists provide that, if DDWA fails to pay the Dentist for any amount owed, the Enrolled Person shall not be liable to the Dentist for any sums owed by DDWA.

Article V — Conditions for Benefits — Dispute Determination Procedures

- 5.01 Covered Dental Benefits are available for an Enrolled Person from the effective date of their coverage until such enrollment terminates.
- 5.02 An Enrolled Person may elect the services of any licensed Dentist. DDWA is not responsible for the availability of any particular licensed Dentist.
- 5.03 DDWA shall be entitled to receive from any attending Dentist, or from hospitals in which a Dentist's care is rendered, any records relating to treatment rendered to an Enrolled Person as may be required in the administration of claims.
- 5.04 The provider dispute resolution process as outlined in individual provider contracts is available on request.
- 5.05 To determine Covered Dental Benefits for certain treatments, DDWA may require an Enrolled Person to obtain an examination from a DDWA-appointed consultant Dentist. DDWA will pay all of the charges incurred for the examination.

Article VI — DDWA's Obligations

- 6.01 DDWA will issue to the Group an electronic version of the Certificate of Coverage for this Plan in the form of a standard DDWA benefit booklet, which summarizes the Covered Dental Benefits and other essential features of the Plan. If any amendment to this Contract materially affects any benefits described in booklets, electronic versions of corrected booklets or booklet inserts showing the change will be issued to Group. A new booklet will be created annually and will be provided in electronic form to Group.
- 6.02 DDWA will provide descriptions of Confirmation of Treatment and Cost, claim review, complaint and appeal procedures in the benefit booklets issued to Group.
- 6.03 If a Dentist or an Enrolled Person submits a request for a Confirmation of Treatment and Cost, DDWA will provide a Confirmation of Treatment and Cost for the Enrolled Person. Such Confirmation of Treatment and Cost will be valid when issued based on the information available at that time. A Confirmation of Treatment and Costs is not an authorization for services nor a guarantee of payment but is a notification of Covered Dental Benefits available.
- 6.04 DDWA shall not be obligated to make payment for any services rendered to a person who is not an Enrolled Person at the time the services are performed.
- 6.05 DDWA may utilize its Quality Management and Clinical Review processes to provide professional review of the adequacy, appropriateness, and alignment with DDWA's established clinical criteria, of services rendered to Enrolled Persons.
- 6.06 DDWA will make available Delta Dental Participating Dentist Directories online at www.DeltaDentalWA.com. The directory may also be requested by telephone at 800-554-1907. The composition of such directory is subject to change and DDWA reserves the right to change the directory without notice.
- 6.07 Delta Dental Participating Dentists are credentialed by DDWA and are subject to the Member Dentist Agreement and Member Dentist Rules and Regulations.

- 6.08 Nothing contained in this Contract shall be construed as obligating DDWA to render dental services; its sole obligation being to pay the agreed upon portion of Dentist's charges for Covered Dental Benefits in accordance with the terms of this Contract.

Article VII — Group's Obligations

- 7.01 Group shall provide information to all Enrolled Employees as to the existence and terms of this Contract. Group shall make the Certificate of Coverage available to each Enrolled Employee.
- 7.02 Group shall permit DDWA, at DDWA's expense, on reasonable advance written notice, to inspect eligibility records in order to verify the accuracy of information submitted to DDWA. An equitable adjustment of Premium shall be made in the event of errors or delays in reporting eligibility.
- 7.03 Group shall sign and return any and all Contract documents within 30 days of the effective date or the date DDWA sends the Contract document to Group or its authorized representative or agent, whichever is later.
- 7.04 If a signed Contract is not received by DDWA from the Group or the Group's legal representative(s) by the effective date, but Group remits Premium as stipulated in the Declaration Page, both parties agree to perform under this Contract in good faith until a signed Contract is received, or until a notice of termination is received as detailed in Article IX.

Article VIII — General Provisions

- 8.01 No change in this Contract shall be valid unless evidenced by written amendment signed by the authorized representative of both DDWA and Group.
- 8.02 Legal action to recover benefits provided for in this Contract may not be initiated prior to 60 days after receipt of claim by DDWA. In addition, such legal action must commence within six years from the date the claim was received by DDWA.
- 8.03 Any provision of this Contract that is in conflict with any governing law or regulation of the state of Washington is hereby amended to comply with the minimum requirements of such law or regulation.
- 8.04 Indemnification — DDWA shall indemnify and hold harmless Group, its affiliates and their respective directors, officers, Employees and agents, for that portion of any liability, settlement and related expense (including reasonable attorneys' fees) resulting solely and directly from DDWA's breach of this Contract, negligence, willful misconduct, criminal conduct, fraud or its breach of a fiduciary responsibility related to or arising out of this Contract.
- 8.05 Group shall indemnify and hold harmless DDWA, its affiliates and their respective directors, officers, Employees and agents, for that portion of any liability, settlement and related expense (including reasonable attorneys' fees) resulting solely and directly from Group's breach of this Contract, negligence, willful misconduct, criminal conduct, fraud or its breach of a fiduciary responsibility related to or arising out of this Contract.
- 8.06 Force Majeure — In the event DDWA is unable to perform its obligations under this Contract by reason of fire, casualty, lockout, strike, labor condition, riot, war, act of God or by ordinance, law, order or decree of any legally constituted authority, then this Contract may, at the option of DDWA, be suspended. During any period of suspension, DDWA shall not be required to perform any service under this Contract, nor shall DDWA be liable for any damages arising from any event that precipitated the suspension. If this Contract is suspended pursuant to this provision, Group's obligation to make Premium payments shall also be suspended for the same period of time.

- 8.07 DDWA and Group will act in accordance with applicable state and federal privacy requirements and disclosure requirements, such as the Gramm-Leach-Bliley Act (GLBA) and the Health Insurance Portability and Accountability Act (HIPAA), including any applicable regulations.
- 8.08 For the purposes of this Contract, the terms spouse, marriage, marital, husband, wife, widow, widower, next of kin, and family shall be interpreted as applying equally to domestic partnerships or individuals in domestic partnerships as well as to marital relationships and married persons. References to dissolution of marriage shall apply equally to domestic partnerships that have been terminated, dissolved, or invalidated, to the extent that such interpretation does not conflict with federal law. Where necessary, gender-specific terms such as husband and wife used in any part of this Contract shall be construed to be gender neutral, and applicable to individuals in domestic partnerships. This definition does not change the election of the Group with regard to coverage for domestic partnerships.

Article IX — Notice and Termination

- 9.01 Any notice under this Contract shall be sufficient if given by either the Group or DDWA in writing to the office stated on the attached Declaration Page or to such other address that may be designated by written notice to the other. The parties agree that notices regarding payment of premium, billing issues, or renewals may be exchanged between parties by electronic communication.
- 9.02 This Contract may be terminated effective at the end of the Contract Term by either the Group or DDWA, or by either party giving written notice to the other at least 30 days prior to the end of the Contract Term, except as otherwise specifically provided in this Contract.
- 9.03 DDWA may elect to terminate this Contract, without prior approval of the Washington State Insurance Commissioner, if any of the events outlined in this section occur. Termination would be effective at the end of the month for which Premiums have been received by DDWA prior to the time of such election. If termination occurs, DDWA will provide written notice to Group. If DDWA elects to terminate because of default by Group, then Group shall be indebted to and agrees to pay DDWA the sum of all claims payments and expenses incurred for dental services rendered from the date of default until the date of termination, including costs of recovery.

Events that allow termination:

- (i) A failure to pay Premium or perform Group's other obligations when due,
- (ii) Any violations of this policy that has been approved by the Washington State Insurance Commissioner, or
- (iii) Change or implementation of federal or state health care reform laws that no longer permit the continued offering of such coverage.

Events that allow termination if the Group does not take corrective action consistent with their obligations under this Contract:

- (i) Enrolled Persons committing fraudulent acts against DDWA, or
 - (ii) Enrolled Persons who materially breach the terms of this Contract.
- 9.04 If on termination of this Contract, the Group has paid Premium to DDWA applicable to a period of time after the termination date, DDWA shall, within 30 days after notification of termination, return such portion of Premium to Group less any amounts due to DDWA. Additional time is allowed for account reconciliation, consistent with the timely filing period as indicated in Article IV this Contract.

- 9.05 DDWA, at its sole discretion, may allow reinstatement after termination for a breach of payment of Premiums or fees.
- 9.06 If DDWA accepts payment of Premium or fees, after termination of this Contract and without requiring a new application, the Contract is reinstated as though it had never terminated.
- 9.07 If DDWA does not accept payment of Premium or fees by notifying Group within 5 business days of such payment, the Contract will remain terminated.
- 9.08 DDWA may elect to issue a new Contract to Groups who previously terminated, which may differ in Premium or fees, benefits, coverage, or otherwise.
- 9.09 Upon termination of this Plan, all claim payments and expenses incurred prior to the termination of the Plan, but not submitted to DDWA within the timely filing period as indicated in Article IV, will not be payable under this Contract.

Article X — List of Appendices

- 10.01 The attached appendices are a part of this Contract. Appendices are identified as follows:
 - Appendix A — Employee Eligibility Requirements
 - Appendix B — Dependent Eligibility Requirements
 - Appendix C — Method of Payment

Appendix A Employee Eligibility Requirements**Appendix A - Section 1 Definition of Eligible Employee**

An Eligible Employee is a full-time Employee of Group. Refer to Appendix A - Section 5 for enrollment requirements.

A full-time Employee is an Employee who works a minimum of 80 hours each calendar month or as otherwise determined by the Group.

Eligible Employees are eligible to enroll in this Plan on the effective date of this Contract.

An Employee hired after the effective date of this Contract shall become eligible to enroll in this Plan on the first day of the calendar month following completion of any waiting period established by Group.

In cases where both husband and wife are Employees of Group, they may be enrolled in this Plan as either an Employee or as a dependent. No person may be enrolled as both an Employee and a dependent.

Appendix A - Section 2 Effective Date of Coverage

Coverage for an Enrolled Employee shall become effective on the first day of the calendar month following the month in which enrollment is completed and all applicable Premiums are paid.

Appendix A - Section 3 Continuation of Coverage

An Employee shall continue to be eligible to enroll in this Plan during the time this Contract is in effect as long as the Employee remains an Eligible Employee as defined above. An Eligible Employee shall continue to be an Enrolled Employee as long as the Group has made timely payment of the monthly Premiums on behalf of the Employee to DDWA.

While satisfying the various requirements of the Paid Family and Medical Leave (PFML), the Family and Medical Leave Act (FMLA) and COBRA laws rests primarily with the Group, DDWA will fully cooperate with Group in complying with these laws.

Appendix A - Section 4 Termination of Coverage

An Enrolled Employee shall cease to be enrolled in this Plan, at the end of the calendar month in which the Employee ceases to be an Eligible Employee as defined above, or upon termination of this Contract, whichever occurs first.

An Enrolled Employee may terminate coverage only during an Open Enrollment Period.

Appendix A - Section 5 Enrollment Requirements

This Contract requires that all employees enrolled in the Group's medical plan be enrolled in this dental plan. Employees who are not enrolled in the Group's medical plan may not enroll in this dental Plan. Each Eligible Employee must complete the enrollment process. DDWA must receive the completed enrollment information within 60 days of the Employee's Eligibility Date as defined in Appendix A — Section 1. If the enrollment information is not received within 60 days, enrollment will not be accepted until the next Open Enrollment Period unless there is a qualifying event.

An Enrolled Employee may change Plan coverage only during an Open Enrollment Period unless there is a qualifying event in family status as defined in the special enrollment section in the Certificate of Coverage.

Appendix B Dependent Eligibility Requirements**Appendix B - Section 1 Definition of Eligible Dependent**

Eligible Dependents are the Eligible Employee's spouse or domestic partner, and children of the Eligible Employee, the Eligible Employee's spouse, or the Eligible Employee's domestic partner, from birth through age 25. Children include biological children, stepchildren, foster children and adopted children. Spouses and children of dependent children are not eligible for coverage under this Plan. Dependent children who are and continue to be dependent beyond age 25 due to developmental disability or physical handicap are also eligible. Domestic partners include both registered and non-registered domestic partners unless non-registered domestic partners are specifically excluded at the option of the Group.

No person may be enrolled in the dental Plan under this Contract both as an Enrolled Employee and as an Enrolled Dependent. No person will be considered as a dependent of more than one Enrolled Employee.

Dependent eligibility shall be verified by Group.

Appendix B - Section 2 Effective Date of Coverage

An Eligible Dependent's enrollment shall become effective on the date the Enrolled Employee's coverage becomes effective, or on the first day of the calendar month following the month in which the dependent became an Eligible Dependent of the Enrolled Employee. A newborn is covered from the moment of birth, and an adopted child is covered from the date of assumption of a legal obligation for total or partial support or upon placement of the child in anticipation of adoption of the child. If covered, a foster child is covered from the time of placement. Both newborns and adopted children under the age of four years may delay enrollment until the first open enrollment following their fourth birthday; or coincident with any renewal or extension of this Contract.

Appendix B - Section 3 Continuation of Coverage

A dependent shall continue to be eligible to enroll or shall remain enrolled while this Contract is in effect as long as the dependent remains an Eligible Dependent as defined above. The Eligible Dependent shall continue to be an Enrolled Dependent as long as the Group has made timely payment of the monthly Premiums on behalf of the dependent to DDWA.

While satisfying the various requirements of the PFML, the FMLA and COBRA laws rests primarily with the Group, DDWA will fully cooperate with Group in complying with these laws.

Appendix B - Section 4 Termination of Coverage

An Eligible Dependent shall cease to be eligible to enroll at the end of the calendar month during which the person no longer meets the definition of an Eligible Dependent. Enrollment for a dependent shall terminate at the end of the calendar month that they are no longer an Eligible Dependent, the end of the calendar month for which timely payment of the monthly Premiums were last received by DDWA from Group, or upon termination of this Contract, whichever occurs first.

An Enrolled Employee may terminate coverage of an Enrolled Dependent only coincident with a subsequent renewal or extension of the dental Plan under this Contract. Once an Enrolled Employee terminates such Enrolled Dependent's coverage, the coverage cannot be reinstated unless there is a change in family status as defined in the special enrollment section in the Certificate of Coverage.

Appendix B - Section 5 Enrollment Requirements

Eligible Dependents enrolled in the Group-sponsored medical Plan of the Enrolled Employee must also be enrolled in the dental Plan under this Contract provided they satisfy the dental eligibility requirements as provided in Section 1 of this Appendix B.

Appendix C Method of Payment**Appendix C - Section 1 Delta Dental PPOSM Plan Payment Levels**

Fees for Covered Dental Benefits provided to an Enrolled Person are based on the following:

- A Delta Dental PPO Dentist in the state of Washington, based on the lesser of the Dentist's approved PPO fees, or the Dentist's actual charges,
- A Delta Dental PPO Dentist outside of the state of Washington, based on the lesser of that state's approved PPO fees or the Dentist's actual charges,
- A Delta Dental Premier Dentist in the state of Washington, based on the lesser of the Dentist's approved Premier fees, or the Dentist's actual charges,
- A Delta Dental Premier Dentist outside of the state of Washington, based on the lesser of that state's approved Premier fees, or the Dentist's actual charges,
- A Non-Participating Dentist in the state of Washington based on the lesser of DDWA's Maximum Allowable Fees for Non-Participating Dentists, or the Dentist's actual charges,
- A Non-Participating Dentist outside the state of Washington based on the lesser of DDWA's Maximum Allowable Fees for Participating Dentists, or the Dentist's actual charges.

The percentages of the above-indicated fee payable by DDWA for Covered Dental Benefits are as described on the Declaration Page.

Appendix C - Section 2 Plan Maximum

The maximum amount payable by DDWA for Class II, and III Covered Dental Benefits, (including Accidental Injury) per Enrolled Person during each Benefit Period shall be the amount listed for the Plan Maximum on the Declaration Page. Charges for dental procedures requiring multiple treatment dates shall be considered incurred on the date the service is completed. Amounts paid for such procedures shall be applied to the Plan Maximum based on the incurred date.

Appendix C - Section 3 Plan Deductible

If applicable, DDWA shall not be obligated to pay the deductible amount listed on the Declaration Page for the first Covered Dental Benefit received by each Enrolled Person during each Benefit Period. The deductible amount shall not exceed the amount listed on the Declaration Page for each individual and for the family as a whole. Once the maximum deductible per family has been satisfied, no further deduction shall apply to any family member until the next succeeding Benefit Period. The deductible does not apply to Class I Benefits, Optional Orthodontic Benefits or Accidental Injury Benefits.

Group: Reliable Property Solutions LLC

Plan: PPO Enh 100/90/60

This Plan is issued and delivered in the state of Washington and is governed by Washington State laws. This Plan Overview Page tells you important information about your Plan, which provides dental benefits to you and your dependents, and is subject to the terms set forth in the policy.

Understand your plan



*This is your Plan Overview Page. It provides general information about how much we pay for your treatment. **But this only tells you part of the story.** While this plan overview shows you the types of treatment we cover, it does not list specific procedures. For that, you need to look in your benefit booklet. That is where you will see which procedures are covered and which are not.*

Plan Information

Benefit Period:	Your initial Benefit Period is the first day of the month December and ending the last day of the month December 2025; thereafter, January 1, through December 31.
Plan Maximum:	\$4,000 per person, per Benefit Period. <i>Benefits for Class I covered services do not apply to your annual Plan Maximum.</i>
Temporomandibular Joint (TMJ) Plan Maximum:	\$1,000 per person, per Benefit Period, \$5,000 per person, per lifetime
Optional Orthodontia Lifetime Maximum for Adults and Eligible Children:	No Orthodontia Coverage
Plan Deductible:	\$50 per person, per Benefit Period; \$150 per family, per Benefit Period.

Plan Details

Plan Details			
Covered Dental Benefits	Delta Dental PPO Dentists	Delta Dental Premier Dentists	Non-Participating Dentists*
	The percentages below are the Amount of Maximum Allowable Fee DDWA Pays.		
Class I: Diagnostic, Preventive and Periodontic Services	100% - without having to meet any deductible	100% - without having to meet any deductible	100% - without having to meet any deductible
Class II: Sedation and Palliative Treatment, Restorative Services, Oral Surgery, Periodontics, Endodontics and Adjunctive General Service	90% - after meeting any deductible	80% - after meeting any deductible	80% - after meeting any deductible
Class III: Restorative Services (Crowns) and Prosthodontics	60% - after meeting any deductible	60% - after meeting any deductible	60% - after meeting any deductible
Temporomandibular Joint	50% - after meeting any deductible		
Optional Orthodontia for Adults and Eligible Children:	Not Covered		
Accidental Injury	100% - without having to meet any deductible		
Waiting Periods	There is no waiting period for covered benefits under this Plan.		
* DDWA has no control over the charges or billing practices of dentists who do not contract with Delta Dental. Our payments for services performed by these dentists will be based on actual charges or DDWA's maximum allowable fees for non-participating dentists, whichever is less. You will be responsible for any balance remaining.			



NOTICE OF PRIVACY PRACTICES

YOUR INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This notice protects the rights of both current and former members of Delta Dental of Washington (DDWA). It describes how personal information about you may be used and disclosed and how you can get access to this information. This notice applies to all applicable companies within the Washington Dental Service family, which includes DDWA. [Please review it carefully.](#)

Our Privacy Practices and Responsibilities

- We are required by law to maintain the privacy and security of your health information. Because of this, DDWA employees' access to your health information is limited to a business "need-to-know" basis.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.

Your Rights

[When it comes to your health information, you have certain rights.](#) This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your health and claims records	<ul style="list-style-type: none">• You can ask to see or get an electronic or paper copy of your health and claims records and other health information we have about you. This includes enrollment, payment, claims determination, dental management activities, and information used to make enrollment, coverage, or payment decisions about you. Your right to this information does not include copies of information:<ul style="list-style-type: none">○ Made in reasonable anticipation of (or use in) a civil, criminal, or administrative action or proceeding;○ Subject to federal or state laws that do not allow us to give it to you;○ That could possibly harm you or another person. If we limit access because of this, you have the right to ask for a review of this decision.• Your request must be made in writing. Visit www.deltadentalwa.com to obtain a copy of the authorization request (release of information) form.• We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
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Ask us to correct health and claims records	<ul style="list-style-type: none"> You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this. We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.
Request confidential communications	<ul style="list-style-type: none"> You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none"> You can ask us not to use or share certain health information for treatment, payment, or our operations, especially for services paid in full out-of-pocket without plan benefits. We are not required to agree to your request. For example, we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none"> You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a paper copy of this notice	<ul style="list-style-type: none"> You can ask for a paper copy of this notice at any time, even if you agreed to receive it electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none"> If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will ask the person to show proof of this authority to act for you before we take any action.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none"> Share information with your family, close friends, or others involved in payment for your care Share information in a disaster relief situation Share non-health information with other Delta Dental member companies for business operational purposes.
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	<i>If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.</i>
In these cases, we never share your information unless you give us written permission:	<ul style="list-style-type: none"> • Marketing purposes • Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information without your permission in the following ways.

Pay for your health services	<ul style="list-style-type: none"> • We can use and disclose your information when paying for your dental services or for coordinating care with other benefit plans you may have. 	Example: <i>We send and receive information about your claims to coordinate payment for your dental work.</i>
Help manage the health care treatment you receive	<ul style="list-style-type: none"> • We can use your health information and share it with professionals who are treating you. 	Example: <i>We share dental information with your dentist to help them provide you with the care you need.</i>
Run our organization	<ul style="list-style-type: none"> • We can use and disclose your information to run our organization and contact you when necessary. We may share non-health information with other Delta Dental member companies for business operational purposes. • We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. 	Example: <i>We use health information about you to develop better services for you.</i>
Administer your plan	<ul style="list-style-type: none"> • We may disclose your information to your employee benefit plan sponsor for plan administration. Detailed information is not shared with your benefit carrier unless it agrees to maintain your privacy. 	Example: <i>Your company contracts with us to provide a dental plan, and we provide your company with certain statistics to explain the premiums we charge.</i>

How else can we use or share your health information? We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many legal conditions before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues	<ul style="list-style-type: none"> • We can share health information about you for certain situations such as: <ul style="list-style-type: none"> ○ Preventing disease ○ Helping with product recalls ○ Reporting adverse reactions to medications ○ Reporting suspected abuse, neglect, or domestic violence ○ Preventing or reducing a serious threat to anyone’s health or safety
Do research	<ul style="list-style-type: none"> • We can use or share your information for health research.
Comply with the law	<ul style="list-style-type: none"> • We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none"> • We can share health information about you with organ procurement organizations. • We can share health information with a coroner, medical examiner, or funeral director when a person dies.
Address workers’ compensation, law enforcement, and other government requests	<ul style="list-style-type: none"> • We can use or share health information about you: <ul style="list-style-type: none"> ○ For workers’ compensation claims ○ For law enforcement purposes or with a law enforcement official ○ With health oversight agencies for activities authorized by law ○ For special government functions such as military, national security, and presidential protective services
Respond to lawsuits and legal actions	<ul style="list-style-type: none"> • We can share health information about you in response to a court or administrative order, or in response to a subpoena.

If none of these situations apply, we must get your written permission, known as an authorization, before we use or share your health information. If you sign an authorization, you may change your mind at any time and revoke your authorization by writing to us at the address listed on page 5 of this notice. If you change your mind, we will no longer use or disclose your health information for reasons covered by your authorization unless required by law. We are unable to take back any uses or disclosures we made while your permission was in effect.

Specialty Protected Information

In some situations, federal and state laws provide special protections for certain kinds of health information such as substance use disorder treatment, mental health treatment, HIV/AIDS, and sexually transmitted diseases. We will not disclose that specially protected information without your written permission unless otherwise required by law.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our website, and we will mail a notification of changes to you.

Questions and Complaints

You can ask a question or complain if you feel we have violated your rights by contacting us toll free at **1-888-338-0172**.

You may also file a written complaint with DDWA at compliance@deltadentalwa.com or:

Delta Dental of Washington
Attn: Compliance and Privacy Officer
PO Box 75688
Seattle, WA 98175

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by calling **1-877-696-6775**. You may also file a written complaint by visiting www.hhs.gov/ocr/privacy/hipaa/complaints/ or:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

We will not retaliate against you for filing a complaint.



Delta Dental of Washington

Billing Invoice Procedures

This explanation should help you understand the procedures related to your monthly Delta Dental of Washington billing invoice. Your billing statement lists currently enrolled employees, retroactive changes and dental coverage for the month shown in the coverage period summary area.

Payment is due the first day of the month. For example, if the coverage period is October 1 to October 31, payment is due the first day of October. Your monthly billing will be generated on or about the 15th day of the preceding month. Please pay as billed. Any changes you provide will be reflected on a future billing invoice.

If an emergency arises and you need your enrollment information updated prior to the next billing cycle, please contact your Group Administration representative or the Delta Dental of Washington Group Administration team at (800) 408-9850 for assistance. You will find the name and telephone number of your Group Administration team representative on the top of your monthly billing invoice.

ADDITIONS

To add an employee and his/her family members to your plan, please complete a Delta Dental of Washington enrollment application. Be sure to include the effective date and/or qualifying event if outside of open enrollment. Please also complete the **Addition** section of the billing summary page that is sent monthly with your billing invoice. The employee and his/her family member(s) must be added within 60 days of the effective date to become eligible for coverage, unless your contract states otherwise.

PLEASE NOTE: To ensure accuracy, we must have a completed application to add anyone to your group account.

TERMINATIONS

To terminate an employee, please list the name of the employee who is no longer eligible for your dental benefits, the employee's Social Security number and the effective date of the termination in the **Termination** section of the billing summary page that is sent monthly with your billing invoice. Once you have returned the billing summary page, Delta Dental of Washington will make the changes. *Unless your contract states otherwise*, termination requests must be received within 60 days of the termination date.

PLEASE NOTE: The termination date is the last day the employee is no longer eligible for coverage.

CHANGES

To make any changes to an existing employee's coverage, list the changes in the **Changes** section of the billing summary page that is sent monthly with your billing invoice.

Any changes to coverage that include adding an additional person must accompany a Delta Dental of Washington enrollment form. Unless your contract states otherwise, changes to enrollment status must be received within 60 days of the effective date of the change.

To ensure timely processing of dental claims for your employees, please return the completed summary page and payment to Delta Dental of Washington at the address below:

**Delta Dental of Washington
P.O. Box 84885, Seattle, WA 98124-6185**

If you have any problems or questions regarding your invoice or current eligibility, please call your administrative representative or the Group Administration team at 1-800-408-9850.

For inquiries on claims or benefit information, please contact Delta Dental of Washington Customer Service at 1-800-554-1907.