

# Evidence of Coverage

## City of Seattle plan for Local 77



Dental Health Services

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# Non-Discrimination Notice

Dental Health Services complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender.

Dental Health Services:

- Provides free 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact your Member Satisfaction Assurance Specialist, at 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TTY).

If you believe that Dental Health Services has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a Grievance with the Member Satisfaction Assurance Specialist, 100 West Harrison Street, Suite S-440, South Tower, Seattle, Washington 98119, call 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TTY), fax 206-624-8755, or email [DHaggerty@dentalhealthservices.com](mailto:DHaggerty@dentalhealthservices.com). You can file a Grievance in person or by mail, fax, or email. If you need help filing a Grievance, the Member Satisfaction Assurance Specialist 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>.

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English:

This notice has important information. This notice has important information about your application or coverage through Dental Health Services. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-866-756-4259.

Spanish:

Este aviso tiene información importante. Este aviso tiene información importante acerca de su solicitud o cobertura por medio de Dental Health Services. Es posible que haya fechas clave en este aviso. Es posible que tenga que tomar medidas antes de ciertas fechas límite para mantener su cobertura de salud o ayuda con los costos. Usted tiene derecho a obtener esta información y ayuda en su idioma de forma gratuita. Llame al 1-866-756-4259

**Chinese:**

本通知包含重要資訊。本通知包含關於您的Dental Health Services申請或保險的重要資訊。本通知中可能包含重要日期。您可能需要在特定截止日期之前採取行動，以維持您的健康保險或幫助解決費用相關問題。您有權免費獲取本資訊與以您母語進行的幫助。致電1-866-756-4259

**Vietnamese:**

Thông báo này có các thông tin quan trọng. Thông báo này có các thông tin quan trọng về đơn yêu cầu hay bảo hiểm của quý vị thông qua Dental Health Services. Có thể có những ngày quan trọng trong thông báo này. Quý vị có thể cần hành động chậm nhất vào một số thời hạn cuối cùng để duy trì bảo hiểm y tế của quý vị hoặc để được trợ giúp với các chi phí. Quý vị có quyền nhận thông tin này và được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Gọi 1-866-756-4259

**Korean:**

본 안내문에는 중요 정보가 있습니다. 본 안내문에는 Dental Health Services를 통한 귀하의 보험 또는 신청서에 관한 중요 정보가 포함되어 있습니다. 본 안내문에 중요 날짜가 적혀 있을 수 있습니다. 본인의 건강 보험 또는 비용 보조를 유지하려면 특정 마감일까지 조치를 취하셔야 할 수도 있습니다. 관련 정보를 본인의 사용 언어로 무료로 받아볼 권리가 있습니다. 1-866-756-4259번으로 전화하십시오

**Russian:**

Данное извещение содержит важную информацию. Данное извещение содержит важную информацию о Вашем заявлении или страховом покрытии услуг стоматологии. Извещение может содержать ключевые даты. Возможно Вам необходимо будет предпринять соответствующие действия в определенных временных рамках. Вы имеете право на получение данной информации и помощи на своем родном языке. Позвоните по телефону 1-866-756-4259

**Tagalog:**

Ang paunawang ito ay nagtataglay ng mga mahahalagang impormasyon. Ang paunawang ito ay nagtataglay ng mga mahahalagang impormasyon tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Dental Health Services. Malamang na mayroong mga mahalagang petsa sa paunawang ito. Baka kailanganin ninyong magsagawa ng hakbang bago ang pagsapit ng mga partikular na deadline para mapanatili ang coverage ng inyong kalusugan o makatulong sa mga gastusin. Mayroon kayong karapatang makatanggap ng mga impormasyong ito at matulungan sa lengguahe nang walang bayad. Tumawag sa 1-866-756-4259

**Ukranian:**

Це сповіщення містить важливу інформацію. Це сповіщення містить важливу інформацію щодо вашого запиту або страхового покриття за планом Dental Health Services. Це сповіщення може містити ключові дати. Можливо вам знадобиться виконати певні дії до вказаних кінцевих дат, щоб зберегти медичне страхування або отримати допомогу із витратами. Ви маєте право на безкоштовне отримання цієї інформації і допомоги вашою мовою. Зателефонуйте за номером 1-866-756-4259

**Cambodian:**

ការជូនដំណឹងនេះមានព័ត៌មានសំខាន់ៗ។ ការជូនដំណឹងនេះមានព័ត៌មានសំខាន់ៗអំពីពាក្យសុំរបស់លោកអ្នក ឬការធានារ៉ាប់រងតាមរយៈ Dental Health Services ។ អាចមានកាលបរិច្ឆេទសំខាន់ៗនៅក្នុងការ ជូនដំណឹងនេះ។ លោកអ្នកអាចចាំបាច់ត្រូវបានវិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ដើម្បីទុកការធានារ៉ាប់

រងសុខភាពរបស់លោកអ្នក ឬជួយខាងផ្លូវចំណាយ។ លោកអ្នក មានសិទ្ធិដើម្បីទទួលបានព័ត៌មាននេះ ហើយ ជួយដល់ ភាសាលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅ 1-866-756-4259

Japanese:

本通知には、重要な情報が含まれています。本通知には、Dental Health Servicesによる、お客様の申請または保障に関する重要な情報が含まれています。本通知には、重要な日付が含まれる場合があります。お客様の医療保障を維持するため、または、費用を節約するため、特定の期限までに行わなければならない項目がある場合があります。お客様には、無料で、この情報を取得し、お客様の言語でサポートを受ける権利があります。1-866-756-4259 にお電話をおかけください

Amharic:

ይህ ማስታወቂያ ወሳኝ መረጃ የያዘ ነው። ይህ ማስታወቂያ ማመልከቻዎ ወይንም በ Dental Health Services አማካኝነት የሚያገኙት ሽፋን በተመለከተ ወሳኝ መረጃ ይዟል። ማስታወቂያው ወሳኝ ቀናቶች ጭምር የያዘ ነው። የጤና ሽፋንዎ ወይንም የክፍያ እገዛዎችዎ ለማስጠበቅ የተቀመጡት ቀንዳቦች ሳያልፉ ማድረግ ያለብዎ ተግባራት ማከናወን ይኖርብዎታል። ይህንን መረጃ እና እገዛ ያለምንም ክፍያ በቋንቋዎ የማግኘት መብት አለዎት። በዚህ ስልክ ቁጥር ይደውሉ 1-866-756-4259

Cushite:

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisni kun waa'ee iyyannoo ykn haguuggii Dental Health Services keessan ilaalchisee odeeffannoo barbaachisaa qabatee jira. Beeksis kana keessa guyyoon furtoon jiraachuu danda'u. Haguuggii fayyaa argachuu keessan itti fufuuf ykn baasii keessan hirrisuuf akka isin gargaaruuf daangaa guyyaa ta'een dura tarkaanfii fudhachuun isin barbaachisuu danda'a. Odeeffannoo kana fi gargaarsa afaan keessanii tola argachuuf mirga qabdu. 1-866-756-4259 irratti bilbilaa.

Arabic:

هذا الإخطار يضم معلومات مهمة. يشتمل هذا الإخطار على معلومات مهمة تتعلق بطابك وتغطيتك التي تتلقاها عبر Dental Health Services. وقد تحتاج إلى اتخاذ إجراءات قبل حلول مواعيد نهائية معينة حتى تحتفظ بتغطيتك الصحية أو 1-866-756-4259 للمساعدة في التكاليف. يحق لك الحصول على هذه المعلومات وكذلك المساعدة بأي لغة دون تكلفة. اتصل بالرقم

Panjabi:

ਇਸ ਸੰਦੇਸ਼ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਇਸ ਨੋਟਿਸ ਵਿਚ ਤੁਹਾਡੀ ਅਰਜ਼ੀ ਜਾਂ Dental Health Services ਬਾਰੇ ਜਾਣਕਾਰੀ ਦਿੱਤੀ ਗਈ ਹੈ। ਇਸ ਸੂਚਨਾ ਵਿਚ ਵਿਸ਼ੇਸ਼ ਮਿਤੀਆਂ ਦਿੱਤੀਆਂ ਹੋ ਸਕਦੀਆਂ ਹਨ। ਤੁਹਾਨੂੰ ਆਪਣੀ ਸਿਹਤ ਕਵਰੇਜ ਅਤੇ ਕੀਮਤਾਂ ਵਿਚ ਮਦਦ ਲਈ ਕੁਝ ਸਮਾਂ ਸੀਮਾਵਾਂ ਅੰਦਰ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪੈ ਸਕਦੀ ਹੈ। ਤੁਹਾਨੂੰ ਇਸ ਸੂਚਨਾ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰਨ ਅਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮੁਫਤ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਹੱਕ ਹਾਸਿਲ ਹੈ। 1-866-756-4259 'ਤੇ ਕਾਲ ਕਰੋ।

German:

Diese Mitteilung enthält wichtige Informationen. Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Leistungen durch Dental Health Services. Diese Mitteilung kann wichtige Termine enthalten. Sie müssen möglicherweise innerhalb bestimmter Fristen handeln, um Ihre Leistungen oder eine Kostenübernahme zu gewährleisten. Sie können diese Informationen und Hilfestellung kostenfrei in Ihrer Sprache anfordern. Rufen Sie an unter 1-866-756-4259

Laotian:

ການແຈ້ງການນີ້ ແມ່ນມີຂໍ້ມູນສໍາຄັນ. ການແຈ້ງການນີ້ ແມ່ນມີຂໍ້ມູນສໍາຄັນ ນັກ ວິໄນ ບໍລິສັດ ອົງຂອງທ່ານ ຫລື ການຄຸ້ມປະກັນໄພຂອງທ່ານ ຫລື ການ Dental Health Services ອາດຈະມີວັນທີ່ສໍາຄັນໃນການແຈ້ງການນີ້. ທ່ານອາດຕ້ອງດໍາເນີນການໂດຍບໍ່ເກີນວັນທີ່ກຳນົດເພື່ອສືບຕໍ່ການຄຸ້ມປະກັນໄພສະເພາະ ຫລື ການຊ່ວຍເຫຼືອດ້ວຍຄວາມໃຈເອກະລາດ ທ່ານມີສິດໃນການຮັບຂໍ້ມູນ ການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ 1-866-756-4259

## Your Personal Dental Plan

Welcome to Dental Health Services! We want to keep you smiling by helping you protect your teeth, saving you time and money. We are proud to offer you and your family excellent dental coverage that offers the following advantages:

*Encourages treatment* by eliminating the burdens of deductibles and Plan maximums.

*Makes it easy to receive your dental care* without claim forms for most procedures.

*Recognizes receiving regular diagnostic and preventive care with low, or no Copayments is the key* to better health and long term savings.

*Facilitates care* by making all covered services available as soon as membership becomes effective.

*Simplifies access* by eliminating pre-authorization for treatment from your Designated Participating Primary Dentist from our network.

*Assures availability of care* with high-quality, easy-to-find dental offices throughout our Washington service area.

*Allows you to take an active role in your dental health and treatment* by fully disclosing coverages and exact Copayments prior to treatment.

In addition to your ongoing dental hygiene and care, the following are available for Plan Members:

- ToothTips<sup>SM</sup> oral health information sheets
- Member Services Specialists to assist you by telephone, fax, or email
- Web access to valuable Plan and oral health information at [www.dentalhealthservice.com](http://www.dentalhealthservice.com).

## About Dental Health Services

Dental Health Services is an employee-owned company founded by a pioneering dentist whose vision

was to provide patient-focused, innovative, quality dental coverage that emphasizes overall oral health and wellness. These core values continue to guide and set Dental Health Services apart in the dental health industry.

Dental Health Services has been offering dental plans along the West Coast to groups and individuals for over forty (40) years. We are dedicated to assuring your satisfaction and to keeping your Plan as simple and clear as possible.

As employee-owners, we have a vested interest in the well-being of our Plan Members. Part of our service focus includes, toll-free access to your knowledgeable Member Services Specialists, an automated Member assistance and eligibility system, and access to our website at [www.dentalhealthservices.com](http://www.dentalhealthservices.com) to help answer questions about your Plan and its Benefits.

## Your Member Service Specialist

Please feel free to call, fax, send an email to [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com), or write us anytime with questions or comments. We are ready to help you! Your Member Services Specialist can be reached through any of the following ways:

Phone: 206-788-3444 or 877-495-4455,  
888-645-1257 (TDD/TTY)

Fax: 206-624-8755

Web: [www.dentalhealthservices.com](http://www.dentalhealthservices.com)

Mail: Dental Health Services  
100 W. Harrison Street  
Suite S-440, South Tower  
Seattle, WA 98119

## Eligibility

To be eligible for coverage, the Subscriber must be a regularly appointed full-time or part-time employee of Local 77 who is scheduled to work 80 hours per month. Regular employees who have met the initial eligibility rules and have eighty hours of paid time will be eligible for coverage for the current month.

Regular employees with less than eighty hours of paid time each month are not eligible for City-paid benefits.

Temporary employees who have worked at least 1,040 cumulative non-overtime hours and at least eight-hundred (800) non-overtime hours in the previous twelve (12) months, shall be eligible for enrollment on a self-paid basis. Employees, temporary and regular, losing eligibility due to a reduction of hours may continue coverage through the COBRA plan as described in the COBRA section (page 16).

### **Dependent eligibility**

To be eligible for coverage as a Dependent, the Dependent must be one of the following (proof of dependency may periodically be required by Dental Health Services):

- Legal spouse (unless legally separated);
- Domestic partner who you have named in an Affidavit of Marriage/Domestic Partnership on file with your employer; and
- Children who are under twenty-six (26) years of age.

Disabled Dependent Children who are covered by this Agreement as a Dependent Child on the day before their twenty-sixth (26<sup>th</sup>) birthday and continues to be both:

- (a) incapable of self-sustaining employment by reason of developmental disability or physical challenge, and;
- (b) chiefly dependent upon the Subscriber, spouse, domestic partner or non-covered legal parent for support and maintenance will be eligible for coverage during the uninterrupted continuance of the incapacity and dependency, provided proof of incapacity and dependency is furnished to Dental Health Services within thirty-one (31) days of the request for that information by Dental Health Services or Group, but not more frequently than annually after the two (2) year period following the Child's attainment of twenty-six (26) years of age.

Your Children include:

- Your biological Children
- Your adopted or legally placed for adoption Children
- Your stepchildren
- Your domestic partner's Children
- Children for whom you have a qualified court order to provide coverage, and Children for whom you are a legal guardian.

### **Enrollment**

All employees and Dependents of Group who are eligible for coverage on the effective date of this Agreement must enroll as Subscribers and Dependent(s) at that time of Groups initial enrollment in the Plan, or wait until Group's next open enrollment period, unless the employee experiences a qualifying change in family status.

If a person becomes an employee of Group after the effective date of this Agreement, Dental Health Services must receive the enrollment form for coverage within thirty-one (31) days after the employee first becomes eligible for coverage, or the employee must wait until Group's next open enrollment period, unless the employee experiences a qualifying change in family status.

Temporary employees must apply for coverage when first eligible in accordance with the terms established by the City or wait until Group's next open enrollment period, unless the employee experiences a qualifying change in family status. If an employee of Group had other health coverage at the time of initial eligibility under this Agreement and declined enrollment under this Agreement, in writing based upon such coverage, the employee may apply for coverage under the Agreement prior to Group's open enrollment period if Dental Health Services receives the enrollment form within thirty-one (31) days of exhaustion of COBRA continuation coverage, or loss

of the prior health coverage.

There shall be a thirty (30) day open enrollment period prior to the Group Services Agreement renewal each year. All persons then eligible to enroll as a Subscriber or Dependent in the Plan may enroll during the open enrollment period. Any persons then eligible to enroll as a Subscriber or Dependent but who fails to enroll during Group's open enrollment period shall not be entitled to enroll in the Plan until the next open enrollment period, unless the employee experiences a qualifying change in family status.

Employees who experience a qualifying change in family status may be eligible for a Special Enrollment Period. Within sixty (60) days from the date of the change in family status, the employee must notify Dental Health Services of the event, in order to be eligible for a Special Enrollment Period.

Qualifying changes in family status includes the following circumstances:

1. Birth, adoption, or placement for adoption or legal guardianship
2. Marriage or formation of a domestic partnership
3. Loss of a Child, spouse or domestic partner eligibility under another health plan.
4. Divorce, termination of domestic partnership, or legal separation.

If any of these circumstances apply, please contact your group administrator to enroll Dependents.

## Coverage Effective Dates

Coverage for a Subscriber and for any Dependent included on the Subscriber's initial enrollment form will begin on the first (1<sup>st</sup>) day of the month following date of hire, or concurrent with the date of hire if on paid status the first (1<sup>st</sup>) of the month, provided the enrollment form for coverage has been made and the Premium has been paid.

Coverage for temporary employees will begin on the first (1<sup>st</sup>) of the month following the date the

enrollment form has been submitted and the Premium paid. An employee who is absent without pay on the first (1<sup>st</sup>) of the month and returns by the fifteenth (15<sup>th</sup>) of the month will not have a lapse in coverage. Coverage for an employee who returns after the fifteenth (15<sup>th</sup>) of the month will begin the first (1<sup>st</sup>) of the following month.

In the case of a Subscriber's biological newborn Child, coverage will be retroactive to the date of birth if the Subscriber applies for coverage as specified in this Section. Coverage for the Subscriber's adoptive Child will be retroactive to the date of placement for adoption, or the date the Subscriber assumed a total or partial legal obligation for support of a Child in anticipation of adoption.

## Quality Assurance

We're confident about the care you'll receive because our Participating Primary Dentists meet and exceed the highest standards of care demanded by our Quality Assurance<sup>sm</sup> program. Before we contract with any dentists, we visit their offices to make sure your needs will be met. Dental Health Services' Professional Services Specialists regularly meet and work with our Participating Primary Dentists to maintain excellence in dental care.

## Your Participating Primary Dentist

Service begins with the selection of local, independently owned, Quality Assured<sup>sm</sup> dental offices. Professional skill, commitment to prevention and wellness, convenience of location and flexibility in appointment scheduling are some of the most important criteria involved in approving a Participating Primary Dentist.

The ongoing care of each dental office is monitored regularly through our rigorous Quality Assurance standards.

## Receiving Dental Care

Upon enrolling in a Dental Health Services' Plan, a



Participating Primary Dentist should be selected from the network of Quality Assured Participating Dentists. To search for Participating Primary Dentist online, visit Dental Health Services' website at [www.dentalhealthservices.com](http://www.dentalhealthservices.com).

If you prefer a printed directory, please call 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TYY) and a directory will be mailed to you.

You may make an appointment with your Designated Participating Primary Dentist as soon as your eligibility has been confirmed. Simply call your Designated Participating Primary Dentist and request an appointment. Routine, non-emergency appointments will be scheduled within a reasonable time. You are only eligible for services at a Dental Health Services' Participating Dentist or Participating Specialist office, except in an emergency situation, or when pre-authorized by Dental Health Services.

Each dental office is independently-owned and establishes its own policies, procedures, and hours. If you need to cancel your appointment, please call your dental office at least twenty-four (24) hours prior to your scheduled appointment time. A penalty may be assessed if your dental appointment is canceled with less than twenty-four (24) hours' notice. For your dentist's appointment and cancellation policy and procedures, please contact the dentist office directly.

## Membership Cards

At approximately the time your coverage becomes effective, you will receive one membership card per family. Your Designated Participating Primary Dentist receives an updated membership list each month, so it is not necessary to have your membership card to make an appointment or receive care. If you would like an additional card, please contact your Member Services Specialist or request one online at [www.dentalhealthservices.com](http://www.dentalhealthservices.com).

## Your First Dental Appointment

Your initial appointment is an opportunity for you to meet your Designated Participating Primary Dentist. Your dentist will complete an oral examination and

formulate a treatment plan for you based on their assessment of your oral health.

Your initial exam may require an office visit Copayment and you may need additional diagnostic services such as periodontal charting or x-rays. You may also be charged Copayments for additional services as necessary.

After your initial visit, you may schedule an appointment for future care, such as cleanings, to complete your treatment plan. Cross-reference your treatment plan with your Schedule of Covered Services and Copayments to determine the Copayments for your scheduled procedures.

## Working With Your Designated Participating Primary Dentist

PLEASE READ THE FOLLOWING INFORMATION SO YOU KNOW FROM WHOM OR WHAT GROUP OF DENTISTS YOUR DENTAL CARE MAY BE OBTAINED.

Covered services must be provided by your Designated Participating Primary Dentist, except in emergency situations or when pre-authorized by Dental Health Services.

Dental Health Services values its Members and Participating Primary Dentists. Providing an environment that encourages healthy relationships between Members and their dentist helps to ensure the stability and quality of your dental Plan.

Participating Primary Dentists are responsible for providing dental advice or treatment independently, and without interference, from Dental Health Services or any affiliated producers. If a satisfactory relationship cannot be established between a Member and their Designated Participating Primary Dentist, Dental Health Services, the Member, or the dentist reserves the right to request the Member's affiliation with the dental office be terminated.

Any request to terminate a specific Member/dentist relationship should be submitted to Dental Health Services and shall be effective the first (1st) day of the

month following receipt of the request. Dental Health Services will always put forth its best effort to swiftly place the Member with another Participating Primary Dentist.

## Changing Dental Offices

If you wish to change dentists you must notify Dental Health Services. Requests can be done by calling 206-788-3444 or 877-495-4455, 888-645-1257 (TDD,TTY), or sending a fax to 206-624-8755.

Online requests can be done through our website at [www.dentalhealthservices.com](http://www.dentalhealthservices.com) or through Dental Health Services' member portal.

Requests received by the twentieth (20<sup>th</sup>) of the current month become effective the first (1<sup>st</sup>) day of the following month. Changes made after the twentieth (20<sup>th</sup>) of the month become effective the first (1<sup>st</sup>) day of the second month following receipt of your request. For example, if you request to change your dentist on or before August 20<sup>th</sup>, your new dentist selection will become effective September 1<sup>st</sup>. If you make your dentist change request on or after August 21<sup>st</sup>, your new dentist change request will become effective October 1<sup>st</sup>.

## Obtaining a Second Opinion

If you believe you need a second opinion for any reason, Dental Health Services can arrange for you to be seen by another Participating Dentist or Participating Specialist if necessary. You should bring your x-rays to this consultation, if possible. If x-rays are not necessary, you will pay only your office visit copayment.

After you receive your second opinion you may return to your Designated Participating Primary Dentist for treatment. If, however, you wish to select a new dentist you must contact Dental Health Services directly, either by phone, in writing, by fax or online before proceeding with your treatment plan.

## Your Financial Responsibility

You are liable to your dentist for Copayments and incidental broken appointment penalties or interest charges. Please be aware that you are also liable for any other amounts owed for non-covered services. All dental treatment Copayments are to be paid at the time of service directly to the dentist office.

As stated under the *Emergency Care* section of this certificate, for services rendered by an Out-of-Network Dentist or Out-of-Network Specialist, Dental Health Services will reimburse you for the cost of emergency care after you have paid your applicable Copayments (this includes the additional \$50 fee for services rendered by an Out-of-Network Dentist or Out-of-Network Specialist, if applicable). You are responsible for any other costs.

Please refer to your Schedule of Covered Services and Copayments for the Benefits specific to your dental Plan.

## Exclusions and Limitations

**This Evidence of Coverage describes your dental Plan Benefits. It is the responsibility of the Members to review this certificate carefully and to be aware of its Exclusions and Limitations of Benefits.**

Please reference the Exclusions and Limitations of Benefits described in your Schedule of Covered Services and Copayments included with this certificate. Procedures described in the Exclusions and Limitations of Benefits section are considered non-covered services even if they are medically necessary or are recommended by a licensed dentist.

## Your Financial Responsibility for Non-Covered Services

You are free to contract for services outside of your Dental Health Services' Plan, including its network, on any terms or conditions you choose. You will be liable for the cost of all services performed. You are not liable for any sums owed by Dental Health Services.

**IMPORTANT:** If you opt to receive dental services that are not covered services under this Plan, the dentist may charge you their usual fees for those services. Prior to providing you with dental services that are not a covered Benefit, you should be provided with a treatment plan that includes each anticipated service to be provided and the estimated cost of each service. If you would like more information about dental coverage options, you may call your Member Services Specialist at 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TTY).

## Coordination of Benefits (COB)

This Plan does not provide for coordination of benefits with other coverage. However, if your secondary dental coverage is provided by Dental Health Services through the City of Seattle, all Copayments will be reimbursed for all covered services.

Cosmetic services and implant services are at a discounted fee, and fees for these services will not be reimbursed.

Member is responsible to inform Dental Health Services if they have dual coverage (both City of Seattle employee and their spouse or domestic partner have both elected Dental Health Services for their primary dental plan). Member is to pay all applicable Copayments to the dental office at the time of service (except for orthodontic treatment Copayments, as these cases are pre-authorized). To request reimbursement of Copayments, Member is to submit receipts for Copayments (within sixty (60) days of service) to Dental Health Services and they will be reimbursed directly. Requests for reimbursement should be sent to:

Dental Health Services  
Attn: Claims  
100 West Harrison Street  
Suite S-440, South Tower  
Seattle, Washington 98119

## Emergency Care:

You are covered for dental emergencies at all times, both inside and outside of Dental Health Services' service areas.

Pre-authorization is not required to receive treatment for an Emergency Dental Condition.

Palliative care for Emergency Dental Conditions in which acute pain, bleeding, or dental infection exists is a Benefit according to your Schedule of Covered Services and Copayments. Palliative care is treatment to relieve pain or alleviate a symptom without dealing with the underlying cause.

If you are experiencing an Emergency Dental Condition and need immediate care, please follow the steps below:

1. Call your selected Designated Participating Primary Dentist.

Dental offices maintain twenty-four (24) hour emergency communication accessibility and are expected to see you within twenty-four (24) hours of initial contact, or within a lesser period of time as may be Medically Necessary.

2. If your Designated Participating Primary Dentist is not available, call your Member Services Specialist at 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TTY).

Your Member Services Specialist will assist you in scheduling an emergency dental appointment with another Participating Primary Dentist in your area.

3. If there are no Participating Primary Dentists available to provide treatment for an Emergency Dental Condition, or you are out of Dental Health Services' service area, seek emergency palliative treatment from any dentist practicing in the scope of their license.

If you receive services for the treatment of an Emergency Dental Condition from an Out-of-Network Dentist or Out-of-Network Specialist, an additional \$50.00 may be charged above the applicable Copayments, unless the Member falls in one of the categories stated below.

Dental Health Services will not charge an additional \$50.00 Copayment for services for the treatment of an Emergency Dental Condition if:

- a. Due to uncontrollable circumstances the

covered person is unable to go to a Participating Dentist or Participating Specialist in a timely fashion without serious detriment to their health.

4. You will only be responsible for the applicable Copayments for emergency treatment when services are provided by a Participating Dentist or Participating Specialist.

5. When services are provided by an Out-of-Network Dentist or Out-of-Network Specialist, you will be responsible for paying the entire bill to the Out-of-Network Dentist or Out-of-Network Specialist at the time of service. Dental Health Services will reimburse you for the cost of emergency care after you have paid your applicable Copayment(s) for the treatment of an Emergency Dental Condition (this includes the \$50 fee for services rendered by an Out-of-Network Dentist or Out-of-Network Specialist, if applicable).

To be reimbursed for any amount over the applicable emergency Copayments, you must submit the itemized dental bill from the dental office to Dental Health Services.

Within one hundred-eighty (180) days of the occurrence, send the itemized bill to:

Dental Health Services  
Attn: Claims Department  
100 West Harrison Street  
Suite S-440, South Tower  
Seattle, Washington 98119

If you do not submit this information within one hundred-eighty (180) days, Dental Health Services reserves the right to refuse payment.

## Grievance Procedure

Grievances for Members shall be handled in the following manner:

A. Grievances may be made in writing, over the telephone, fax or through the Plan's website at [www.dentalhealthservices.com](http://www.dentalhealthservices.com).

Although grievance forms are not required to submit a Grievance, confidential grievance forms are available through Dental Health Services' website at [www.dentalhealthservices.com](http://www.dentalhealthservices.com), in Participating Primary Dentist offices, and upon request. You may also provide a brief written explanation of the facts and issue(s). Personnel at Participating Primary Dentist offices are requested to be available to provide assistance in the preparation and submission of any Grievance.

- B. Within three (3) calendar days of receiving a Grievance, Dental Health Services will acknowledge its receipt in writing, including the name and telephone number of the contact person assigned to handle the Grievance.
- C. Dental Health Services will collect and review all relevant information from you and the dentist involved. If you prefer, you are welcome to present your Grievance in person. If a clinical examination is required, you may be referred to another Participating Primary Dentist for a second opinion. When all information has been collected and reviewed, a decision will be made by the appropriate Dental Health Services administrator.
- D. Every effort will be made by Dental Health Services to provide a determination of the Grievance within fourteen (14) days of its receipt. Dental Health Services may notify you that an extension is necessary to complete the review. This extension will not exceed thirty (30) days from the receipt of the Grievance.
- E. Once a decision is made, Dental Health Services will promptly notify you in writing of the determination of your Grievance.
- F. Dental Health Services does not have an Appeals process for Member Grievances. Members may contact the Washington State Office of the Insurance Commissioner for assistance at the contact address and phone numbers below:

For questions about your rights, this notice, or for assistance, you can contact: Employee Benefits Security Administration at 1-866-444-EBSA (3272). You may also contact the Washington State Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA

98504-0255 Phone: 1-800-562-6900 or (360) 725-7080 Fax: (360) 586-2018 or website at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>.

Dental Health Services' grievance system addresses the linguistic and cultural needs of Members with disabilities including but not limited to visually, speech and hearing impaired. Dental Health Services ensures all Members have access to and fully participate in the grievance system. This assistance is at no charge to the Member. This assistance includes, but not limited to, translations of grievance procedures, forms and Dental Health Services' responses to Grievances. In addition, Dental Health Services provides access to oral interpreters and translation of documents; telephone relays systems and other devices that aid disabled individuals and LEP (Limited English Proficiency) Members to communicate.

There shall be no discrimination against a Member solely on the ground that such person filed a Grievance.

## **Specialty Care Referral & Pre-Authorization for Specialty Care**

All treatment received from Participating Specialists (Specialist) or Out-of-Network Specialists (Specialist) must be pre-authorized by Dental Health Services. When pre-authorized by Dental Health Services, you will never be required to pay more than your Copayment amount. You will be referred to a Participating Specialist if one is available in their area. In cases where there is no Participating Specialist in your area, Dental Health Services will arrange for care with an Out-of-Network Specialist at no additional cost to you.

In order to see a Specialist, you must first be referred by a Participating Primary Dentist. Dental Health Services will review the request for referral and notify you, your Participating Primary Dentist and Specialist of the pre-authorized referral.

## **Pre-Authorization Submission**

The Participating Primary Dentist or Specialist will submit a pre-authorization request for your services. You, your Participating Primary Dentist, and Specialist will be notified whether the pre-authorization is approved or denied within five (5) business days for all clean standard pre-authorizations. Clean standard pre-authorizations are pre-authorizations that have no defects or lack any required information or language. For clean expedited pre-authorization requests, you, your Participating Primary Dentist, and Specialist will be notified by Dental Health Services whether your pre-authorization request is approved or denied within seventy-two (72) hours of Dental Health Services receipt of the request.

## **Claims, Adverse Benefit Determinations & Appeals**

Claim forms are the dentist's formal request for reimbursement, which includes an accounting of dental procedures rendered to you.

Claim forms are submitted directly to Dental Health Services by the treating dentist.

### **Claims Payment**

All claims must be submitted within one hundred-eighty (180) days of the date services were rendered. If the claim form is not submitted within one hundred-eighty (180) days, Dental Health Services reserves the right to refuse payment.

All approved clean claims are paid within thirty (30) days of Dental Health Services' receipt of the claim, electronically or by US Mail. Clean claims are claims that have no defects or lack any required information or language.

### **Adverse Benefit Determinations**

If all or part of your claim is denied in whole or in part, or is modified, Dental Health Services will notify you and the dentist in writing of the Adverse Benefit Determination. The Adverse Benefit Determination will include the following:

1. Actual reason(s) for the determination.

2. Reference to specific Plan provisions from which the determination was based.
3. Instructions for obtaining an Appeal of the decision through Dental Health Services' Internal Review Process.
4. Dental Health Services' contact information for inquiries about the denial prior to filing an Internal Review Process request.

## Appeals

### *Internal Review Process:*

If any part of your claim was denied in whole or in part, or is modified, you have the right to submit an Appeal for a full and fair review through Dental Health Services' Internal Review Process.

Requests to file an Appeal through the Internal Review Process may be submitted orally, electronically, and by US mail.

All Appeals must be submitted within one hundred-eighty (180) days from the date the claim was denied in whole or in part, or is modified.

All standard Appeals are investigated and resolved, if possible within fourteen (14) days of receipt of Appeal. If more time is needed, you and the dentist will be notified that an extension of sixteen (16) days is needed for a resolution.

If you Appeal the result of an urgent care claim, a decision regarding the Appeal will be made within seventy-two (72) hours of Dental Health Services receipt of the Appeal, and communicated to you or your authorized person and dentist. An urgent Appeal is one for which you are currently receiving or is prescribed treatment or Benefits that would end because of the Adverse Benefit Determination; or where the treating dentist believes that a delay in treatment based on the standard review time may seriously jeopardize your life, overall health or ability to regain maximum function, or would subject you to severe and intolerable pain; or when the claim determination is related to an issue related to admission, availability of care, continued stay, or emergency health care services when you have not been discharged from the emergency room or transport service.

For standard Appeals, you will be notified of the Internal Review Process determination by US mail. All notifications for urgent Appeals are by phone and US mail. Notifications will include your rights if you disagree with the final Internal Review Process determination. You have one hundred-eighty (180) days to file for an external review of the confirmed Adverse Benefit Determination.

### *External Review Process*

You have one hundred-eighty (180) days of the receipt of the Internal Review Process determination to file a request for an external review of the denial from the Internal Review Process.

All requests to file an Appeal through the External Review Process may be submitted orally, electronically, and by US mail by you, your authorized person, or dentist.

Dental Health Services will select an Independent Review Organization (IRO) for review of the Plan's final internal review determination. All documents from the original Internal Review file are forwarded to the IRO.

The IRO will make a final determination of the request for external review. The Member, dentist, and Dental Health Services will be notified by US mail of their final determination.

### *Concurrent Expedited Appeal*

Under certain circumstances, you may be eligible to request a concurrent expedited review. A concurrent expedited review means initiating both internal and external expedited review simultaneously to:

1. Review a decision made under the provisions of this Plan; or
2. Review conducted during a your course of treatment in a facility, dental professional's office, or any inpatient/outpatient health care setting so the final Adverse Benefit Determination is reach expeditiously.

For assistance, you may contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). You may also contact the Washington State Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA

98504-0255 Phone: 1-800-562-6900 or (360) 725-7080 Fax:  
(360) 586-2018 or website at  
<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>.

During review of your Appeal, Dental Health Services will continue to provide coverage for the disputed Benefit pending outcome of the review if you are currently receiving services or supplies under the disputed Benefit. If Dental Health Services prevails 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 state or federal law.

## Termination of Coverage

Upon terminating, denying, or refusing to renew any Member's dental Plan, Dental Health Services will notify the Subscriber and Group Administrator in writing of the reason(s) for terminating, denying, or refusing renewal of the Plan.

Coverage of a subscriber and/or their Dependents may be terminated for any of the following reasons:

1. Termination of the Group Dental Care Services Agreement by written notice one-hundred-eighty (180) days before Groups annual renewal.
2. Failure of a Member to meet or maintain eligibility requirements.
3. Material misrepresentation (fraud) in obtaining coverage.
4. Permitting the use of a Dental Health Services membership card by another person, or using another person's membership card or identification to obtain care other than that to which one is entitled.
5. Failure of Group to pay Premium in a timely manner (thirty (30) days after payment is due.)
6. Dependent reaches limiting age.

Any previously initiated services then "in progress" must be completed within thirty (30) days from the last appointment date occurring prior to the termination date. The Subscriber will remain liable for any scheduled Copayments. If your coverage is terminated, you will be required to pay your Participating Dentist's or Participating Specialists usual fees for continuing the prescribed treatment.

## Termination Due to Non-Payment

Your Plan's Benefits depend on Premium payments staying current. If Group Premium payment is more than thirty (30) days overdue, your eligibility may be terminated.

Your coverage will terminate at the expiration of the thirty (30) day grace period provided to Group for Premium payment.

## Review of Termination

If you believe your membership was terminated by Dental Health Services solely because of ill health or your need for care, you may request a review of the termination by writing to the Dental Health Services Dental Director:

Dental Health Services  
Attn: Dental Director Dental Health Services  
100 West Harrison Street  
Suite S-440, South Tower  
Seattle, Washington 98119

## Renewal Provisions

The Group Services Agreement may be extended or renewed from year to year after its initial period. Renewal may change the Copayment and/or Premium fees paid by Group and/or the Subscriber. You may obtain information about these or any changes from a Dental Health Services' Representative during the open enrollment period or by calling your Member Services Specialist at 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TYY).

## **COBRA**

If you qualify for continuing coverage through COBRA (Consolidated Omnibus Budget Reconciliation Act), Dental Health Services will gladly provide Benefits through your employer. Please contact your benefits administrator.

## **Labor Disputes**

In the event of suspension, or termination of employee compensation due to a strike, lockout, or other labor dispute, a Subscriber may continue uninterrupted coverage for the Family Unit by paying to Group, the monthly Premium charge that Group would otherwise have paid Dental Health Services. Coverage may be continued on this self-payment basis for up to six (6) months.

## **Conflicts**

Any conflicts between the provisions included in the Group Services Agreement for this Plan and this Evidence of Coverage certificate, the conflict shall be resolved according to the Evidence of Coverage provided to Members.

## **Governing Law**

This Evidence of Coverage is issued and delivered in the state of Washington, is governed by the laws thereof, and subject to the terms and conditions recited in this certificate.

## **Privacy Notice**

Dental Health Services is required by law to maintain the privacy and security of your Protected Health Information (PHI). This notice describes how your medical and dental information may be used and disclosed, and how you access control of your information. Please review it carefully. This notice is updated effective March 1, 2018.

Dental Health Services is devoted to protecting your privacy and the confidentiality of your dental, medical, and personal health information. We do not sell our Member information. Your personal information will not be disclosed to non-affiliated third parties, unless permitted or required by law, or authorized in writing by you.

Throughout this Notice, unless otherwise stated, your medical and dental health information refers only to information created or received by Dental Health Services and identified in this Notice as Protected Health Information (PHI). Examples of PHI include your name, address, phone number, email address, birthdate, treatment dates and records, enrollment and claims information. Dental Health Services will have a record of this portion of your PHI only in special or exceptional circumstances.

### **Under what circumstances must Dental Health Services share my PHI?**

Dental Health Services is required to disclose your PHI to you, and to the U.S. Department of Health and Human Services (HHS) when it is conducting an investigation of compliance with legal requirements.

Dental Health Services is also required to disclose your PHI, subject to certain requirements and limitations, if the disclosure is compelled by any of the following:

- A. A court order or subpoena
- B. A board, commission or administrative agency, pursuant to its lawful authority.
- C. An arbitrator or panel of arbitrators in a law fully-requested arbitration.
- D. A search warrant.
- E. A coroner in the course of an investigation; or by other law.

### **When may Dental Health Services disclose my PHI without my authorization?**

Dental Health Services is permitted by law to use and disclose your PHI, without your authorization, for purposes of treatment, payment, and health care



administration.

- A. Treatment purposes include disclosures related to facilitating your dental care.
- B. Payment purposes include activities to collect Premiums and to determine or maintain coverage, and related data processing, including pre-authorization for certain dental services.
- C. Health Care Administration means basic activities essential to Dental Health Services' function as a licensed Limited Healthcare Service Contractor, and includes reviewing the qualifications, competence and service quality of your Participating Dentist; and providing referrals for Specialists.
- D. In some situations, Dental Health Services is permitted to use and disclose your PHI, without your authorization, subject to limitations imposed by law. These situations include, but are not limited to:
  - 1. Preventing or reducing a serious threat to the public's health or safety;
  - 2. Concerning victims of abuse, neglect or domestic violence;
  - 3. Health oversight agency;
  - 4. Judicial and administrative proceedings including the defense by Dental Health Services of a legal action or proceeding brought by you;
  - 5. Law enforcement purposes, subject to subpoena of law;
  - 6. Workers' Compensation purposes;
  - 7. Parents or guardians of a minor; and
  - 8. Persons or entities who perform services on behalf of Dental Health Services and from whom Dental Health Services has received contractual assurances to protect the privacy of your PHI.

### **Is Dental Health Services ever required to get my permission before sharing my PHI?**

Uses and disclosures of PHI other than those required or permitted by law will be made by Dental Health Services only with your written authorization. You may revoke any authorization by written notice, except to the extent that Dental Health Services has relied on the authorization before receiving your written revocation. Uses and disclosures beyond

those required or permitted by law, or authorized by you, are prohibited.

### **Does my employer have the right to access my PHI?**

If you are a Member under a plan sponsored by your employer, Dental Health Services will not disclose PHI to your employer except under the following conditions:

- A. You sign an authorization for release of your medical/dental information; or
- B. Health care services were provided with specific prior written request and expense of the employer, and are relevant in a grievance, arbitration or lawsuit, or describe limitations entitling you to leave from work or limit work performance.

Any such disclosure is subject to Dental Health Services' "minimum necessary" disclosure policy.

### **What is Dental Health Services' "Minimum Necessary" Policy?**

Dental Health Services uses reasonable efforts to limit the use and disclosure of your PHI to the minimum necessary to accomplish the purpose of the use or disclosure. This restriction includes requests for PHI from another entity, and to requests made by Dental Health Services to other entities. This restriction does not apply to requests by:

- A. Your dentist for treatment purposes;
- B. You;
- C. Disclosures covered by an authorization you provided to another entity.

### **What are my rights regarding the privacy of my PHI?**

- A. You may request Dental Health Services to restrict uses and disclosures of your PHI in the performance of its payment or health care operations. However, a written request is required. Your health is our top priority and Dental Health Services is not required to agree to your requested restriction. If Dental Health

Services agrees to your requested restriction, the restriction will not apply in situations involving emergency treatment by a health care provider.

- B. Dental Health Services will comply with your reasonable request that you wish to receive communications of your PHI by alternative means or at alternative locations. Such requests must be made to Dental Health Services in writing.
- C. You have the right to have the person you've assigned medical power of attorney, or your legal guardian, exercise your rights and make choices about your health information. We will confirm the assigned person has this authority and can act for you before we take any action.
- D. You have a right, subject to certain limitations, to inspect and copy your PHI. Your request must be made in writing. Dental Health Services will act on such request within thirty (30) days of receipt of request.
- E. You have the right to amend your PHI. The request to amend must be made in writing, and must contain the reason you wish to amend your PHI. Dental Health Services has the right to deny such requests under certain conditions provided by law. Dental Health Services will respond to your request within sixty (60) days of receipt of the request and, in certain circumstances may extend this period for up to an additional thirty (30) days.
- F. You have the right to receive an accounting of disclosures of your PHI made by Dental Health Services for up to six (6) years preceding such request subject to certain exceptions provided by law. These exceptions include, but are not limited to:
  - 1. Disclosures made for payment or healthcare operations.

Your request must be made in writing. Dental Health Services will provide the accounting within sixty (60) days of your request but may extend the period for up to an additional thirty (30) days. The first accounting requested during any twelve (12)-month period will be made without charge. There is a \$25 charge for each additional accounting requested during such twelve (12) month period. You may withdraw or modify any additional requests

within thirty (30) days of the initial request in order to avoid or reduce the fee.

You have the right to receive a copy of this Privacy Notice by contacting Dental Health Services at 206-788-3444 or 877-495-4455, 888-645-1257 (TDD/TTY) or [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com). This notice is always available at [www.dentalhealthservices.com/privacy](http://www.dentalhealthservices.com/privacy).

All written requests desired or required by this Notice, must be delivered to Dental Health Services, 100 West Harrison Street, Suite S-440, South Tower, Seattle, Washington 98119 by any of the following means:

1. Personal delivers;
2. Email deliver to: [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com)
3. Fax: [206-624-8755](tel:206-624-8755)
4. First class or certified U.S. Mail; or.
5. Overnight or courier delivery, charges prepaid.

### **What duties does Dental Health Services agree to perform?**

Dental Health Services will maintain the privacy of your PHI and provide you with notice of its legal duties and privacy practices with respect to PHI.

- A. Dental Health Services will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- B. Dental Health Services will abide by the terms of this Notice and any revised Notice, during the period that it is in effect.
- C. Dental Health Services reserves the right to change the terms of this Notice or any revised Notice. Any new terms shall be effective for all PHI that it maintains including PHI created or received by Dental Health Services prior to the effective date of the new terms.
- D. Each time Dental Health Service revises this Notice, it will promptly post the notice on its

website and distribute a new version within sixty (60) days of revision.

### **What if I am dissatisfied with Dental Health Services' compliance with HIPAA (Health Insurance Portability and Accountability Act) privacy regulations?**

You have the right to express your dissatisfaction or objection to the Secretary of HHS and/or Dental Health Services if you believe your privacy rights have been violated.

Your written dissatisfaction must describe the acts or omissions you believe to be in violation of the provisions of this Notice or applicable laws. Your written objection to HHS or Dental Health Services must be filed within one hundred-eighty (180) days of when you knew or should have known of the act or omission. You will not be penalized or retaliated against for communicating your dissatisfaction.

You can file a complaint with the US Department of Health and Human Services, Office for Civil Rights, by sending a letter to 200 Independence Avenue, SW, Washington DC, 20201, calling 1-877-696-6775, or by visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

You may express dissatisfaction about Dental Health Services' privacy policy in writing to Dental Health Services, 100 West Harrison Street, Suite S-440, South Tower, Seattle, Washington 98119, Attn: Member Satisfaction Assurance Specialist.

### **Who should I contact if I have any questions regarding my privacy rights with Dental Health Services?**

You may obtain further information regarding your PHI privacy rights during regular business hours, by email at [membercare@dentalhealthservices.com](mailto:membercare@dentalhealthservices.com), or any time through [www.dentalhealthservices.com](http://www.dentalhealthservices.com). We are eager to assist you!

## **Glossary**

**Adverse Benefit Determination:** A denial, reduction, or termination of, or a failure to provide or

make payment, in whole or in part, for a Benefit, including a denial, reduction, termination or failure to provide or make payment that is based on determination of a Member's or Subscriber's eligibility to participate in a Plan, and including, with respect to group health plans, a denial, reduction, or termination of, or a failure to provide or make payment, in whole or part, for a Benefit resulting from application of any utilization review, as well as failure to cover an item or service for which Benefits are otherwise provided because it is determined to be not medically necessary or appropriate.

**Amalgam Filling/Restoration:** A restoration or filling composed of metallic alloy formed mostly of silver, tin and copper, mixed with mercury, into a soft malleable material that sets hard after placement inside a tooth cavity.

**Appeal:** A request for reconsideration of a dental claim due to an Adverse Benefit Determination rendered by Dental Health Services.

**Benefits/Coverage:** The specific covered services that Plan Members and their Dependents are entitled to with their dental Plan.

**Child(ren):** Your Children or your spouse's Children under the age of twenty (26); includes biological Children, adopted Children, stepchildren, Children of your domestic partner, children for whom you have a qualified court order to provide coverage, and Children for whom you are the legal guardian.

**Composite Filling/Restoration:** A restoration or filling composed of plastic resin material that resembles the natural tooth.

**Comprehensive Exam:** A thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. Typically includes the evaluation of dental caries (cavities), missing or unerupted teeth, restorations, and occlusal relationships.

**Copayments:** The fees paid by the Subscriber or Member, directly to the dentist or specialist at the time of service. The fees charged shall be according to your Plan's Schedule of Covered Services and Copayments.

**Cosmetic Dentistry:** Those services provided by

dentists solely for the purpose of improving the appearance when form and function are satisfactory and no pathologic conditions exist.

**Dependent:** An individual for whom coverage is obtained by a parent, relative, or other person. Eligible Dependents may include a legal spouse (unless you are legally separated), domestic partner, and/or Children of the Subscriber, Subscriber's spouse or domestic partner.

**Designated Participating Primary Dentist:** The Participating Primary Dentist you have selected to provide your dental care.

**Emergency Dental Condition:** The treatment of an emergency dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain or infection such that a prudent layperson, who possesses an average knowledge of health and dentistry, could reasonably expect the absence of immediate dental attention to result in:

- (i) Placing the health of the individual, or with respect to a pregnant woman the health of the woman or her unborn child, in serious jeopardy;
- (ii) Serious impairment to bodily functions; or
- (iii) Serious dysfunction of any bodily organ or part.

**Endodontics:** The branch of dentistry concerned with the treatment of disease or inflammation of the dental pulp or nerve of the tooth.

**Exclusion:** Treatment or coverage not included as a Benefit under this Plan.

**Family Unit:** A unit composed of a Subscriber and each person whose eligibility for Benefits is based upon such person's relationship with, or dependency upon such Subscriber.

**Grievance:** A complaint submitted by or on behalf of a covered person or Participating Dentist or Participating Specialist regarding service delivery issues other than denial of payment for medical services or non-provision of medical services, including dissatisfaction with medical care, waiting time for medical services, dentist or staff attitude or demeanor,

or dissatisfaction with service provided by the health carrier.

**Group:** A firm, corporation, employer, or association of employers that has entered into an agreement with Dental Health Services for dental care coverage.

**Licensed dentist** means a licensed doctor of dental surgery (D.D.S) or a licensed doctor of medical dentistry (D.M.D).

**Licensed Denturist:** A denturist licensed with the Washington Department of Health as a denturist.

**Limitation:** A provision that restricts coverage under this Plan.

**Medically Necessary:** Dental services and supplies provided by a dentist appropriate to the evaluation and treatment of disease, condition, illness or injury and consistent with the applicable standard of care. This does not include any service that is cosmetic in nature.

**Member:** A person who is entitled to receive dental services under this Plan. The term includes both Subscribers and those family Members (and Dependents) enrolled by the Subscriber for whom a Premium has been paid.

**Out-of-Network Dentist:** A dentist for whom Dental Health Services has pre-authorized to provide Benefits to Members under this Plan. An Out-of-Network Dentist includes an Out-of-Network Primary Dentist, Out-of-Network Denturist and an Out-of-Network Orthodontist (for the treatment of non-medically necessary orthodontia when covered under the Plan).

**Out-of-Network Orthodontist:** A dentist who specializes in orthodontics for whom Dental Health Services has pre-authorized to provide dental services to Members covered under this Plan.

**Out-of-Network Primary Dentist:** A dentist for whom Dental Health Services has pre-authorized to provide general dental services to Members covered under this Plan.

**Out-of-Network Specialist:** A dentist for whom Dental Health Services has pre-authorized to provide Specialty Services to Members cover under this Plan.

**Palliative Care:** An action that relieves pain, swelling, or bleeding. This does not include routine or postponable treatment.

**Participating Dentist:** A Licensed Dentist who has signed an agreement with Dental Health Services to provide Benefits to Members covered under this Plan. A Participating Dentist includes a Participating Primary Dentist, a Participating Denturist and a Participating Orthodontist (for the treatment of non-medically necessary orthodontia when covered under the plan).

**Participating Denturist:** A licensed denturist who has signed an agreement with Dental Health Services to provide Benefits to Members under this Plan.

**Participating Orthodontist:** A Licensed Dentist who specializes in orthodontics and has signed an agreement with Dental Health Services to provide Benefits to Members under this Plan.

**Participating Primary Dentist:** A Licensed Dentist who has signed an agreement with Dental Health Services to provide general dental services to Members covered under this Plan.

**Participating Specialist:** A Licensed Dentist who provides Specialty Services to Members under this Plan, upon referral by a Participating Primary Dentist.

**Plan:** Dental Benefits or coverages available to the Subscriber and any eligible Dependents for the payment of Premium.

**Plan Year:** A twelve (12) month period of Benefits coverage under a dental plan.

**Special Enrollment Period:** A time outside the yearly open enrollment period when consumers can sign up for dental benefits coverage. Consumers qualify for a Special Enrollment Period if they've experienced certain life events, including losing health coverage, moving, getting married, having a baby, or adopting a child

**Specialty Services:** Dental services provided by a Dental Health Services' Participating Specialist (endodontist, periodontist, pediatric dentist, oral surgeon, or orthodontist). All referrals for covered Specialty Services must be pre-authorized by Dental Health Services, except non-medically necessary orthodontia.

**Subscriber:** means a person whose employment, or other relationship to or membership in Group is the basis for eligibility for participation in the Plan and whose enrollment form for coverage has been accepted by Dental Health Services, and for whom applicable Premium has been paid.

**Temporomandibular Joint Syndrome:** Includes those disorders which have one or more of the following characteristics: pain in the musculature associated with the temporomandibular joint, internal derangements of the temporomandibular joint, arthritic problems with the temporomandibular joint, or an abnormal range of motion or limitation of the temporomandibular joint.

**Usual, Customary & Reasonable (UCR):** The base amount that is treated as the standard or most common charge for a particular dental service.



Dental Health Services

*A Great Reason to Smile<sup>sm</sup>*

**100 W. Harrison Street • Suite S-440, South Tower • Seattle, WA 98119**  
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*An employee-owned company*



Code	Description	Copayment
D9986	missed appointment	Per office policy
D9987	cancelled appointment	Per office policy
D9543	Office Visit - for members during their first three years of employment	0
D9543	Office Visit - for members beginning their fourth year of employment	0
<i>Services when performed by a Dental Health Services participating dentist</i>		
<b>Diagnostic</b>		
D0120	periodic oral evaluation - established patient	0
D0140	limited oral evaluation - problem focused	0
D0145	oral evaluation for a patient under three years of age and counseling with primary caregiver	0
D0150	comprehensive oral evaluation - new or established patient	0
D0160	detailed and extensive oral evaluation - problem focused, by report	0
D0170	re-evaluation - limited, problem focused (established patient; not post-operative visit)	0
D0171	re-evaluation – post-operative office visit	0
D0180	comprehensive periodontal evaluation - new or established patient	0
D0210	intraoral - complete series of radiographic images	0
D0220	intraoral - periapical first radiographic image	0
D0230	intraoral - periapical each additional radiographic image	0
D0240	intraoral - occlusal radiographic image	0
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector	0
D0270	bitewing - single radiographic image	0
D0272	bitewings - two radiographic images	0
D0273	bitewings - three radiographic images	0
D0274	bitewings - four radiographic images	0
D0277	vertical bitewings - 7 to 8 radiographic images	0
D0330	panoramic radiographic image	0
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis	0
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	0
D0391	interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	0
D0415	collection of microorganisms for culture and sensitivity	0
D0425	caries susceptibility tests	0
D0431	adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities including premalignant and malignant lesions, not to include cytology or biopsy procedures	50
D0460	pulp vitality tests	0
D0470	diagnostic casts	0
D0601	caries risk assessment and documentation, with a finding of low risk	0

Code	Description	Copayment
D0602	caries risk assessment and documentation, with a finding of moderate risk	0
D0603	caries risk assessment and documentation, with a finding of high risk	0
<b>Preventive</b>		
D1110	prophylaxis - adult (limited to 1 per 6 months)	0
D1120	prophylaxis - child (limited to 1 in 6 months)	0
D1206	topical application of fluoride varnish	0
D1208	topical application of fluoride – excluding varnish	0
D1310	nutritional counseling for control of dental disease	0
D1320	tobacco counseling for the control and prevention of oral disease	0
D1330	oral hygiene instructions	0
D1351	sealant - per tooth	0
D1352	preventive resin restoration in a moderate to high caries risk patient – permanent tooth	0
D1353	sealant repair – per tooth	0
D1354	interim caries arresting medicament application- per tooth	0
<b>Space Maintainers</b>		
D1510	space maintainer - fixed - unilateral	0
D1515	space maintainer - fixed - bilateral	0
D1520	space maintainer - removable - unilateral	0
D1525	space maintainer - removable - bilateral	0
D1550	re-cement or re-bond space maintainer	0
D1555	removal of fixed space maintainer	0
D1575	distal shoe space maintainer – fixed – unilateral	0
<b>Amalgam Restorations - Primary or Permanent</b>		
D2140	amalgam - one surface, primary or permanent	0
D2150	amalgam - two surfaces, primary or permanent	0
D2160	amalgam - three surfaces, primary or permanent	0
D2161	amalgam - four or more surfaces, primary or permanent	0
<b>Resin-Based Composite Restorations</b>		
D2330	resin-based composite - one surface, anterior	0
D2331	resin-based composite - two surfaces, anterior	0
D2332	resin-based composite - three surfaces, anterior	0
D2335	resin-based composite - four or more surfaces or involving incisal angle (anterior)	0
D2390	resin-based composite crown, anterior	0
D2391	resin-based composite - one surface, posterior	0
D2392	resin-based composite - two surfaces, posterior	0
D2393	resin-based composite - three surfaces, posterior	0
D2394	resin-based composite - four or more surfaces, posterior	0
<b>Crowns - Single Restoration Only</b>		
<i>D27SP, D27HP, and D27NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Ceron, etc. It is charged in addition to the type of crown billed.</i>		

Code	Description	Copayment
D2510	inlay - metallic - one surface	100
D2520	inlay - metallic - two surfaces	100
D2530	inlay - metallic - three or more surfaces	100
D2542	onlay - metallic - two surfaces	100
D2543	onlay - metallic - three surfaces	100
D2544	onlay - metallic - four or more surfaces	100
D2610	inlay - porcelain/ceramic - one surface	0
D2620	inlay - porcelain/ceramic - two surfaces	0
D2630	inlay - porcelain/ceramic - three or more surfaces	0
D2642	onlay - porcelain/ceramic - two surfaces	0
D2643	onlay - porcelain/ceramic - three surfaces	0
D2644	onlay - porcelain/ceramic - four or more surfaces	0
D2650	inlay - resin-based composite - one surface	0
D2651	inlay - resin-based composite - two surfaces	0
D2652	inlay - resin-based composite - three or more surfaces	0
D2662	onlay - resin-based composite - two surfaces	0
D2663	onlay - resin-based composite - three surfaces	0
D2664	onlay - resin-based composite - four or more surfaces	0
D2710	crown - resin-based composite (indirect)	0
D2712	crown - 3/4 resin-based composite (indirect)	0
D2720	crown - resin with high noble metal	100
D2721	crown - resin with predominantly base metal	0
D2722	crown - resin with noble metal	70
D2740	crown - porcelain/ceramic	0
D2750	crown - porcelain fused to high noble metal	100
D2751	crown - porcelain fused to predominantly base metal	0
D2752	crown - porcelain fused to noble metal	70
D2780	crown - 3/4 cast high noble metal	100
D2781	crown - 3/4 cast predominantly base metal	0
D2782	crown - 3/4 cast noble metal	70
D2783	crown - 3/4 porcelain/ceramic	0
D2790	crown - full cast high noble metal	100
D2791	crown - full cast predominantly base metal	0
D2792	crown - full cast noble metal	70
D2794	crown - titanium	100
D2799	provisional crown— further treatment or completion of diagnosis necessary prior to final impression	0
D27HP	specialized porcelain- high noble/titanium crown	25
D27NP	specialized porcelain- noble metal crown	55
D27SP	specialized porcelain-all porcelain crown	125

### Other Restorative Services

D2910	re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	0
D2915	re-cement or re-bond indirectly fabricated or prefabricated post and core	0
D2920	re-cement or re-bond crown	0
D2921	reattachment of tooth fragment, incisal edge or cusp	0
D2929	prefabricated porcelain/ceramic crown – primary tooth	0
D2930	prefabricated stainless steel crown - primary tooth	0

Code	Description	Copayment
D2931	prefabricated stainless steel crown - permanent tooth	0
D2932	prefabricated resin crown	0
D2933	prefabricated stainless steel crown with resin window	0
D2934	prefabricated esthetic coated stainless steel crown - primary tooth	0
D2940	protective restoration	0
D2941	interim therapeutic restoration – primary dentition	0
D2949	restorative foundation for an indirect restoration	0
D2950	core buildup, including any pins when required	0
D2951	pin retention - per tooth, in addition to restoration	0
D2952	post and core in addition to crown, indirectly fabricated	0
D2953	each additional indirectly fabricated post - same tooth	0
D2954	prefabricated post and core in addition to crown	0
D2955	post removal	0
D2957	each additional prefabricated post - same tooth	0
D2971	additional procedures to construct new crown under existing partial denture framework	25
D2975	coping	200
D2980	crown repair necessitated by restorative material failure	0
D2990	resin infiltration of incipient smooth surface lesions	0

### Endodontics (root canal therapy)

D3110	pulp cap - direct (excluding final restoration)	0
D3120	pulp cap - indirect (excluding final restoration)	0
D3220	therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	0
D3221	pulpal debridement, primary and permanent teeth	0
D3222	partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	55
D3230	pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	0
D3240	pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	0
D3310	endodontic therapy, anterior tooth (excluding final restoration)	0
D3320	endodontic therapy, premolar tooth (excluding final restoration)	0
D3330	endodontic therapy, molar tooth (excluding final restoration)	0
D3331	treatment of root canal obstruction; non-surgical access	0
D3332	incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	0
D3333	internal root repair of perforation defects	0
D3346	retreatment of previous root canal therapy - anterior	0
D3347	retreatment of previous root canal therapy - premolar	0
D3348	retreatment of previous root canal therapy - molar	0



Code	Description	Copayment
D3353	apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	0
D3355	pulpal regeneration - initial visit	0
D3356	pulpal regeneration - interim medication replacement	0
D3357	pulpal regeneration - completion of treatment	0
D3421	apicoectomy - premolar (first root)	0
D3425	apicoectomy - molar (first root)	0
D3426	apicoectomy (each additional root)	0
D3427	periradicular surgery without apicoectomy	0
D3430	retrograde filling - per root	0
D3450	root amputation - per root	0
D3920	hemisection (including any root removal), not including root canal therapy	0
D3950	canal preparation and fitting of preformed dowel or post	0

### Periodontics

D4210	gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	0
D4211	gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	0
D4212	gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	0
D4230	anatomical crown exposure - four or more contiguous teeth or bounded spaces per quadrant	0
D4231	anatomical crown exposure - one to three teeth or bounded spaces per quadrant	0
D4240	gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	0
D4241	gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	0
D4245	apically positioned flap	350
D4249	clinical crown lengthening – hard tissue	0
D4260	osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant	0
D4261	osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant	0
D4263	bone replacement graft – retained natural tooth – first site in quadrant	0
D4264	bone replacement graft – retained natural tooth – each additional site in quadrant	0
D4266	guided tissue regeneration - resorbable barrier, per site	300
D4267	guided tissue regeneration - nonresorbable barrier, per site (includes membrane removal)	350
D4268	surgical revision procedure, per tooth	450
D4270	pedicle soft tissue graft procedure	0
D4273	autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	0

Code	Description	Copayment
D4274	mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	0
D4277	free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant or edentulous tooth position in graft	0
D4278	free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant or edentulous tooth position in same graft site	0
D4283	autogenous connective tissue graft procedure (including donor and recipient surgical sites) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0
D4285	non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site	0
D4341	periodontal scaling and root planing - four or more teeth per quadrant	0
D4342	periodontal scaling and root planing - one to three teeth per quadrant	0
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	0
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit	0
D4381	localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	0
D4910	periodontal maintenance (1st and 2nd in year)	0
D4921	gingival irrigation – per quadrant	10
D49XC	periodontal maintenance (3rd and 4th in year)	25

### Dentures

*Full/partial dentures (upper and/ or lower) - one per five year period. Replacement will be provided where casing is unsatisfactory and cannot be made satisfactory. Lost or stolen appliances are the responsibility of the patient. Unilateral partials (Nesbitt) are not a recommended treatment.*

D5110	complete denture - maxillary	0
D5120	complete denture - mandibular	0
D5130	immediate denture - maxillary	0
D5140	immediate denture - mandibular	0
D5211	maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	0
D5212	mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	0
D5213	maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0
D5214	mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0
D5221	immediate maxillary partial denture – resin base (including any conventional clasps, rests and teeth)	0
D5222	immediate mandibular partial denture – resin base (including any conventional clasps, rests and teeth)	0

Code	Description	Copayment
D5223	immediate maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0
D5224	immediate mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	0
D5225	maxillary partial denture - flexible base (including any clasps, rests and teeth)	0
D5226	mandibular partial denture - flexible base (including any clasps, rests and teeth)	0
D5281	removable unilateral partial denture - one piece cast metal (including clasps and teeth)	0

### Denture Adjustments & Repairs

D5410	adjust complete denture - maxillary	0
D5411	adjust complete denture - mandibular	0
D5421	adjust partial denture - maxillary	0
D5422	adjust partial denture - mandibular	0
D5511	repair broken complete denture base, mandibular	0
D5512	repair broken complete denture base, maxillary	0
D5520	replace missing or broken teeth - complete denture (each tooth)	0
D5611	repair resin partial denture base, mandibular	0
D5612	repair resin partial denture base, maxillary	0
D5621	repair cast partial framework, mandibular	0
D5622	repair cast partial framework, maxillary	0
D5630	repair or replace broken clasp - per tooth	0
D5640	replace broken teeth - per tooth	0
D5650	add tooth to existing partial denture	0
D5660	add clasp to existing partial denture - per tooth	0
D5710	rebase complete maxillary denture	0
D5711	rebase complete mandibular denture	0
D5720	rebase maxillary partial denture	0
D5721	rebase mandibular partial denture	0
D5730	reline complete maxillary denture (chairside)	0
D5731	reline complete mandibular denture (chairside)	0
D5740	reline maxillary partial denture (chairside)	0
D5741	reline mandibular partial denture (chairside)	0
D5750	reline complete maxillary denture (laboratory)	0
D5751	reline complete mandibular denture (laboratory)	0
D5760	reline maxillary partial denture (laboratory)	0
D5761	reline mandibular partial denture (laboratory)	0
D5810	interim complete denture (maxillary)	0
D5811	interim complete denture (mandibular)	0
D5820	interim partial denture (maxillary)	0
D5821	interim partial denture (mandibular)	0
D5850	tissue conditioning, maxillary	0
D5851	tissue conditioning, mandibular	0
D5863	overdenture – complete maxillary	0
D5864	overdenture – partial maxillary	0
D5865	overdenture – complete mandibular	0
D5866	overdenture – partial mandibular	0
D5875	modification of removable prosthesis following implant surgery	125
D5986	fluoride gel carrier	0

Code	Description	Copayment
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### Implants

*Implants are only available at specific participating dental offices. Check [www.dentalhealthservices.com/cityofseattle](http://www.dentalhealthservices.com/cityofseattle) to locate participating dental offices which offer this service. D60SP, D60HP, and D60NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Ceron, etc. It is charged in addition to the type of abutment retainer billed. \*\*\*Standard x-rays include periapical, bitewing and occlusal films. There are additional fees for panoramic, cephalometric, CT or other films. \*\*\*\*There are additional fees for any replacement parts, screws, etc.*

	Limited evaluation (initial exam and consultation)	20
	Comprehensive evaluation (including standard x-rays)**)	100
	Comprehensive evaluation (including standard x-rays**)	70
D6010	surgical placement of implant body: endosteal implant	1300
D6056	prefabricated abutment – includes modification and placement	300
D6057	custom fabricated abutment – includes placement	450
D6058	abutment supported porcelain/ceramic crown	550
D6059	abutment supported porcelain fused to metal crown (high noble metal)	1100
D6060	abutment supported porcelain fused to metal crown (predominantly base metal)	500
D6061	abutment supported porcelain fused to metal crown (noble metal)	1020
D6062	abutment supported cast metal crown (high noble metal)	600
D6063	abutment supported cast metal crown (predominantly base metal)	900
D6064	abutment supported cast metal crown (noble metal)	1020
D6065	implant supported porcelain/ceramic crown	1000
D6066	implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	1000
D6067	implant supported metal crown (titanium, titanium alloy, high noble metal)	1000
D6068	abutment supported retainer for porcelain/ceramic FPD	1000
D6069	abutment supported retainer for porcelain fused to metal FPD (high noble metal)	1000
D6070	abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)	900
D6071	abutment supported retainer for porcelain fused to metal FPD (noble metal)	950
D6072	abutment supported retainer for cast metal FPD (high noble metal)	1000
D6073	abutment supported retainer for cast metal FPD (predominantly base metal)	900
D6074	abutment supported retainer for cast metal FPD (noble metal)	950
D6075	implant supported retainer for ceramic FPD	1000
D6076	implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6077	implant supported retainer for cast metal FPD (titanium, titanium alloy, or high noble metal)	1000
D6080	implant maintenance procedures when prostheses are removed and reinserted, including cleansing of prostheses and abutments	100

Code	Description	Copayment
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	0
D6085	provisional implant crown	0
D6092	re-cement or re-bond implant/abutment supported crown	30
D6093	re-cement or re-bond implant/abutment supported fixed partial denture	40
D6094	abutment supported crown - (titanium)	600
D60HP	specialized porcelain- high noble/titanium abutment retainer	25
D60NP	specialized porcelain- noble metal abutment retainer	55
D60SP	specialized porcelain- all porcelain abutment retainer	125
D6110	implant /abutment supported removable denture for edentulous arch – maxillary	2300
D6111	implant /abutment supported removable denture for edentulous arch – mandibular	2300
D6112	implant /abutment supported removable denture for partially edentulous arch – maxillary	2300
D6113	implant /abutment supported removable denture for partially edentulous arch – mandibular	2300
D6194	abutment supported retainer crown for FPD (titanium)	600

*Services not listed are performed at the dentist's usual and customary fee.*

### Bridges

*D62SP, D62HP, D62NP, D67SP, D67HP, and D67NP are allowable upgrade charges for specialized porcelain such as Lava, Captek, Cervera, etc. It is charged in addition to the type of abutment or pontic billed.*

D6205	pontic - indirect resin based composite	0
D6210	pontic - cast high noble metal	100
D6211	pontic - cast predominantly base metal	0
D6212	pontic - cast noble metal	70
D6214	pontic - titanium	100
D6240	pontic - porcelain fused to high noble metal	100
D6241	pontic - porcelain fused to predominantly base metal	0
D6242	pontic - porcelain fused to noble metal	70
D6245	pontic - porcelain/ceramic	125
D6250	pontic - resin with high noble metal	100
D6251	pontic - resin with predominantly base metal	0
D6252	pontic - resin with noble metal	70
D6253	provisional pontic - further treatment or completion of diagnosis necessary prior to final impression	0
D62HP	specialized porcelain- high noble/titanium pontic	25
D62NP	specialized porcelain- noble metal pontic	55
D62SP	specialized porcelain- all porcelain pontic	125
D6545	retainer - cast metal for resin bonded fixed prosthesis	100
D6548	retainer - porcelain/ceramic for resin bonded fixed prosthesis	125
D6549	resin retainer – for resin bonded fixed prosthesis	0
D6600	inlay - porcelain/ceramic, two surfaces	0
D6601	retainer inlay - porcelain/ceramic, three or more surfaces	0

Code	Description	Copayment
D6602	retainer inlay - cast high noble metal, two surfaces	100
D6603	retainer inlay - cast high noble metal, three or more surfaces	100
D6604	retainer inlay - cast predominantly base metal, two surfaces	0
D6605	retainer inlay - cast predominantly base metal, three or more surfaces	0
D6606	retainer inlay - cast noble metal, two surfaces	70
D6607	retainer inlay - cast noble metal, three or more surfaces	70
D6608	retainer onlay - porcelain/ceramic, two surfaces	125
D6609	retainer onlay - porcelain/ceramic, three or more surfaces	125
D6610	retainer onlay - cast high noble metal, two surfaces	100
D6611	retainer onlay - cast high noble metal, three or more surfaces	100
D6612	retainer onlay - cast predominantly base metal, two surfaces	0
D6613	retainer onlay - cast predominantly base metal, three or more surfaces	0
D6614	retainer onlay - cast noble metal, two surfaces	70
D6615	retainer onlay - cast noble metal, three or more surfaces	70
D6624	retainer inlay - titanium	100
D6634	retainer onlay - titanium	100
D6710	retainer crown - indirect resin based composite	0
D6720	retainer crown - resin with high noble metal	100
D6721	retainer crown - resin with predominantly base metal	0
D6722	retainer crown - resin with noble metal	70
D6740	retainer crown - porcelain/ceramic	0
D6750	retainer crown - porcelain fused to high noble metal	100
D6751	retainer crown - porcelain fused to predominantly base metal	0
D6752	retainer crown - porcelain fused to noble metal	70
D6780	retainer crown - 3/4 cast high noble metal	100
D6781	retainer crown - 3/4 cast predominantly base metal	0
D6782	retainer crown - 3/4 cast noble metal	70
D6783	retainer crown - 3/4 porcelain/ceramic	0
D6790	retainer crown - full cast high noble metal	100
D6791	retainer crown - full cast predominantly base metal	0
D6792	retainer crown - full cast noble metal	70
D6793	provisional retainer crown - further treatment or completion of diagnosis necessary prior to final impression	0
D6794	retainer crown - titanium	100
D67HP	specialized porcelain- high noble/titanium abutment	25
D67NP	specialized porcelain- noble metal abutment	55
D67SP	specialized porcelain- all porcelain abutment	125
D6930	re-cement or re-bond fixed partial denture	0
D6980	fixed partial denture repair necessitated by restorative material failure	0

### Oral Surgery

D7111	extraction, coronal remnants - primary tooth	0
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Code	Description	Copayment
D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	0
D7210	extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	0
D7220	removal of impacted tooth - soft tissue	0
D7230	removal of impacted tooth - partially bony	0
D7240	removal of impacted tooth - completely bony	0
D7241	removal of impacted tooth - completely bony, with unusual surgical complications	0
D7250	removal of residual tooth roots (cutting procedure)	0
D7251	coronectomy – intentional partial tooth removal	200
D7260	oroantral fistula closure	0
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	0
D7280	exposure of an unerupted tooth	0
D7282	mobilization of erupted or malpositioned tooth to aid eruption	270
D7285	incisional biopsy of oral tissue-hard (bone, tooth)	100
D7286	incisional biopsy of oral tissue-soft	100
D7288	brush biopsy - transepithelial sample collection	85
D7291	transseptal fibrotomy/supra crestal fibrotomy, by report	0
D7310	alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D7311	alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D7320	alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	0
D7321	alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	0
D7340	vestibuloplasty - ridge extension (secondary epithelialization)	0
D7350	vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	0
D7471	removal of lateral exostosis (maxilla or mandible)	0
D7510	incision and drainage of abscess - intraoral soft tissue	0
D7511	incision and drainage of abscess - intraoral soft tissue - complicated (includes drainage of multiple fascial spaces)	0
D7520	incision and drainage of abscess - extraoral soft tissue	0
D7530	removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	0
D7540	removal of reaction producing foreign bodies, musculoskeletal system	0
D7670	alveolus - closed reduction, may include stabilization of teeth	0
D7910	suture of recent small wounds up to 5 cm	0
D7911	complicated suture - up to 5 cm	0

Code	Description	Copayment
D7960	frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	0
D7963	frenuloplasty	0
D7970	excision of hyperplastic tissue - per arch	0
D7971	excision of pericoronal gingiva	0
D7980	surgical sialolithotomy	0

### Other Services

*General Anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating provider.*

D9110	palliative (emergency) treatment of dental pain - minor procedure	0
D9120	fixed partial denture sectioning	35
D9210	local anesthesia not in conjunction with operative or surgical procedures	0
D9211	regional block anesthesia	0
D9212	trigeminal division block anesthesia	0
D9215	local anesthesia in conjunction with operative or surgical procedures	0
D9219	evaluation for deep sedation or general anesthesia	40
D9222	deep sedation/general anesthesia – first 15 minutes	125
D9223	deep sedation/general anesthesia – each subsequent 15 minute increment	125
D9230	inhalation of nitrous oxide/analgesia, anxiolysis	0
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes	125
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment	125
D9310	consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	0
D9311	consultation with a medical health care professional	0
D9430	office visit for observation (during regularly scheduled hours) - no other services performed	0
D9440	office visit - after regularly scheduled hours	25
D9450	case presentation, detailed and extensive treatment planning	0
D9610	therapeutic parenteral drug, single administration	0
D9612	therapeutic parenteral drugs, two or more administrations, different medications	10
D9630	drugs or medicaments dispensed in the office for home use	10
D9910	application of desensitizing medicament	0
D9911	application of desensitizing resin for cervical and/or root surface, per tooth	0
D9932	cleaning and inspection of removable complete denture, maxillary	15
D9933	cleaning and inspection of removable complete denture, mandibular	15
D9934	cleaning and inspection of removable partial denture, maxillary	15
D9935	cleaning and inspection of removable partial denture, mandibular	15
D9940	occlusal guard, by report	350
D9941	fabrication of athletic mouthguard	250
D9942	repair and/or reline of occlusal guard	90

Code	Description	Copayment
D9943	occlusal guard adjustment	15
D9951	occlusal adjustment - limited	0
D9952	occlusal adjustment - complete	0
D9970	enamel microabrasion	0
D9971	odontoplasty 1 - 2 teeth; includes removal of enamel projections	75
D9972	external bleaching - per arch - performed in office	200
D9973	external bleaching - per tooth	40
D9974	internal bleaching - per tooth	100
D9975	external bleaching for home application, per arch; includes materials and fabrication of custom trays	200
D9991	dental case management – addressing appointment compliance barriers	0
D9992	dental case management – care coordination	0
D9993	dental case management – motivational interviewing	0
D9994	dental case management – patient education to improve oral health literacy	0

### Orthodontics

*When performed by a Dental Health Services participating orthodontist.*

D8010	Limited orthodontic treatment of the primary dentition	Prorated**
D8020	Limited orthodontic treatment of the transitional dentition	Prorated**
D8040	Limited orthodontic treatment of the adult dentition	Prorated**
D8070	Comprehensive orthodontic treatment of the transitional dentition	400
D8080	Comprehensive orthodontic treatment of the adolescent dentition	400
D8090	Comprehensive orthodontic treatment of the adult dentition	400
D8681	Removable orthodontic retainer adjustment	0
	Failed/no-show appointment without 24-hour notice	10
	Retention appliance - after orthodontic treatment	0
	Orthodontic treatment plan and records (pre/post x-rays, photos, study models)	125
	Initial orthodontic exam	25
	Case presentation	0

*Comprehensive orthodontic treatment copayment amounts (D8070, D8080, D8090) are based on a typical 24-month case. If case extends beyond 24 months, additional months are prorated according to the number of extra months of treatment. \*\*Copayments for limited and interceptive orthodontic services will be pro-rated based on the treatment rendered, as long as the copayment does not exceed the copayment for comprehensive services.*

Code	Description	Copayment
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**Dental limitations**

- A. Authorized treatment is rendered only by your designated participating dentist. Services provided by a dentist other than the member's designated participating primary dentist, except for emergency dental conditions, or when otherwise pre-authorized by Dental Health Services, are not covered. (See item C. below)
- B. Limitation on the frequency and appropriateness of services:
  - 1. Prophylaxis (teeth cleaning, shallow scaling and polishing) – maximum one per six months, 2 per contract year.
  - 2. Periodontal maintenance – limited to four within calendar year.
  - 3. Periodontal surgery– limited to four quadrants in two years.
  - 4. Full/partial dentures (upper and/or lower) – one per five year period. Replacement of appliances that are causing pain, bleeding, swelling or are required due to additional tooth loss which cannot be restored by modification of the appliance are covered. New dentures are covered only if the existing dentures cannot be made satisfactory by either a relines or repair. Lost or stolen appliances are the responsibility of the patient.
  - 5. Fixed bridges, crowns, gold restorations or jackets are available once per five years. Replacements are available after five years.
  - 6. Denture relines – one per year, per arch
  - 7. Full-mouth x-rays – once every three years or as determined necessary by your dentist.
  - 8. Partial dentures are appropriate treatment when dental spaces are bilateral and can be satisfactorily restored with removable dentures. Unilateral partials (Nesbitt) are not a recommended treatment.
  - 9. Acid etched bridge (Maryland) is appropriate only on the anterior area.
  - 10. Fixed bridges are optional and restricted for patients under the age of 16 when periodontal tissue is not supportive or in the presence of bilateral spaces.
  - 11. Treatment by a pedodontist for baby bottle mouth syndrome is limited to a lifetime benefit of \$500 per enrollee.
  - 12. General anesthesia is covered solely for dependent children under the age of seven (7) or the physically or developmentally disabled, only when medically necessary and in conjunction with a covered dental procedure performed at a participating dental office. General anesthesia may not be offered at all offices.
- C. Emergency dental condition – a dental condition manifesting itself by acute symptoms of sufficient severity, including severe infection such that a prudent layperson, who possesses an average knowledge of health and dentistry, could reasonably expect the absence of immediate dental attention to result in:
  - (i) Placing the health of the individual, or with respect to a pregnant woman the health of the woman or her unborn child, in serious jeopardy;
  - (ii) Serious impairment to bodily functions; or
  - (iii) Serious dysfunction of any bodily organ or part.
- D. Additional charges of \$70 for noble metal, and \$100 for high noble metal/titanium, and \$125 for upgraded, specialized porcelain such as Lava, Captek, Cercon, etc. If standard porcelain is used there is no charge to patient.
- E. Optional service (all cases in which the member selects a plan of treatment that is considered unnecessary by the dentist- is charged to the member at fee-for-service rates.
- F. Cosmetic dentistry – services that are for aesthetic (appearance) only are offered at a discount off of full fees. This includes, but is not limited to the replacement of clinically acceptable amalgam fillings, as well as bleaching of teeth and labial veneers.
- G. Implant services – implants are available at a discounted fee at Dental Health Services designated locations only. Discounted services include evaluations and x-rays specific to implants, surgical implant placement, abutments, and implant crowns. Not all services related to implants are available at a discount.
- H. Unsatisfactory patient-doctor relationship: Dental Health Services participating dentists reserve the right to limit or deny services to an member who fails to follow the prescribed course of treatment, repeatedly fails to keep appointments, fails to pay applicable copayments, is abusive to the participating dentist or their staff, or obtains services by fraud or deception. Dental Health Services will swiftly place the member with another participating primary dentist in the event of an unsatisfactory patient-doctor relationship.
- I. Submit claims within 180 days. Dental Health Services shall not be liable to pay a claim for emergency care or for any Dental Health Services authorized treatment provided by a dentist other than a participating primary dentist unless the member submits the claim to Dental Health Services within 180 days after treatment.
- J. Denturist benefit subject to existence and availability of a licensed denturist within a 30 mile radius. Members may elect to travel to the nearest participating denturist for services.
- K. Third molars (wisdom teeth) – complicated extractions of third molars are at the discretion of the general dentist and are often referred to oral surgeons (specialist).
- L. Specialty services requiring any referral to a specialist must be preauthorized by Dental Health Services. Specialty Copayment for all services performed at a Specialist (not including Orthodontics) will be collected.
- M. Not all participating dentists can perform all dental procedures. Please verify what services your selected dentist can perform for you.
- N. Services which are compensable under Worker's Compensation or employer liability laws.
- O. All treatment of temporomandibular joint (TMJ) disorders must be preauthorized before treatment begins. Benefits will be denied if treatment is not pre-authorized. Benefits are limited to a maximum of \$1,000 per year, not to exceed a lifetime maximum of \$5,000. No benefits will be provided for the repair or replacement of lost, stolen, or broken TMJ appliances. All covered services must be provided or ordered by a participating dentist and be:
  - 1. Reasonable and appropriate for the treatment of a disorder of the temporomandibular joint;
  - 2. Effective for the control or elimination of one or more of the following, caused by a disorder of the temporomandibular joint: pain, infection, disease, difficulty in speaking, or difficulty in chewing and swallowing food;
  - 3. Recognized as effective, according to the professional standards of good dental practice;
  - 4. Not investigational;
  - 5. Not primarily for cosmetic purposes.

**Dental exclusions**

- A. Services not specifically covered in the "Schedule of Covered Services and Copayments."
- B. Work in progress: Dental work in progress (non-emergency/ temporary procedures started but not finished prior to the date of eligibility) is not covered. This includes crown preps prepared and temporized but not cemented, root canals in mid-treatment, prosthetic cases post final impression stage (sent to the lab), etc. This does not include teeth slated for root canal treatment and/or canals filled during an emergency visit.

- C. Services that in the opinion of the attending dentist are not necessary for the patient's health. Extractions of non-pathologic, asymptomatic (healthy or non-symptomatic) teeth including extractions for orthodontic reasons.
- D. Dispensing of drugs not normally supplied in a dental office.
- E. Any dental procedure or service rendered while a patient is hospitalized or not in the dental office.
- F. Treatment for malignancies or neoplasms (tumors).
- G. Procedures or charges for services prior to the date the enrollee became eligible for benefits under this plan, or re-treatment of these procedures within one (1) year of completion or charges incurred following termination of benefits under this plan.
- H. Any dental procedure that cannot be performed in the dental office due to the general health of the enrollee.
- I. Procedures, appliances or restorations other than fillings that are necessary to alter, restore or maintain occlusion, or are necessary for full-mouth rehabilitation, i.e., night guards, occlusal adjustments.
- J. Orthognathic treatment – surgical procedures and other treatment to correct the malposition of the maxilla and/or the mandible.
- K. Full mouth rehabilitation is not covered. Procedures requiring extensive restorative treatment involving more than 10 crowns in a one year period and/or an increase or decrease of the horizontal or vertical dimension, gnathological recordings, full mouth equilibration, periodontal splinting, temporary processed functional crowns/appliances and realignment of teeth are not covered.
- L. Services and supplies incurred before your effective date under the plan or after your termination under the plan except as may be provided under the other continuation options administered through your employer.
- M. Any dental expense that is covered by a third party, such as automobile insurance, other liability insurance, etc
- N. Services and supplies for treatment of illness or injury for which a third party is or may be responsible.
- O. Expenses for services and supplies incurred as a result of any work related injury or illness, including any claims that are resolved related to a disputed claim settlement. The only exception is if an enrolled employee is exempt from state or federal workers' compensation law.

#### **Orthodontic limitations**

***(the following are subject to additional charges)***

- A. Changes in treatment necessitated by accident of any kind.
- B. Services which are compensable under Worker's Compensation or employer liability laws.
- C. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.
- D. Orthodontic fees are based on treatment up to 24 months.

#### **Orthodontic exclusions**

- A. Replacement of lost or broken appliances.
- B. Retreatment of orthodontic cases.
- C. Treatment of a case in process at inception of eligibility, unless authorized by Dental Health Services.
- D. Surgical procedures (including extraction of teeth) incidental to orthodontic treatment.
- E. Treatment and/or surgical procedures related to cleft palate, micrognathia, or microdontia.
- F. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
- G. Any dental procedures considered to be within the field of general dentistry, including but limited to:
  1. Myofunctional therapy.
  2. General anesthetics including intravenous and inhalation sedation.
  3. Dental services of any nature performed in a hospital.
  4. Services which are compensable under Worker's Compensation or employer liability laws.
- H. Payment by Dental Health Services for treatment rendered or required after the member is no longer eligible for coverage. The cost of treatment will be pro-rated and converted by a UCR (fee-for-service) amount.

## Dental Health Services

*A Great Reason to Smile<sup>sm</sup>*