

Comparison of Dental Plan Highlights (Local 77 Employees)

| Plan Features | Washington Dental Service (WDS) | Dental Health Services (DHS) |
|---|--|---|
| Annual Deductible | \$0 | \$0 |
| Annual Maximum | \$2,000 per person per year | No Annual Maximum. |
| Outpatient Copay | None | \$5 copay per visit for the first three years of employment |
| Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants) | Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100% | Paid at 100% Composite fillings for all teeth covered at no extra charge. Two additional cleanings for pregnant women, up to four cleanings. |
| Crowns, Inlays, Onlays | Paid at incentive levels shown above | Paid at 100% (plus copays per unit of \$70 for noble, \$100 for high noble, \$125 for upgraded, specialized porcelain if applicable.) |
| Prosthetic Services (Dentures, Bridges) | Paid at 50% | Paid at 100% |
| Orthodontia | Paid at 50% Benefits are provided only for dependent children under age 26 (through age 25) regardless of attending school or through completion of treatment, whichever occurs first. Lifetime maximum amount payable is \$1,500 per eligible child. | \$400 copay, and \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam \$25 Study models/x-rays \$125 No office visit copays for monthly visits. Benefits provided for eligible employees, spouse/partner, and dependent children under age 26 (through age 25) regardless of attending school or through completion of treatment, whichever occurs first. |
| Lifetime Maximum | \$1,500 | N/A |
| Choice of Providers | In-Network: Any contracted provider. Out-of-Network: Any licensed, qualified provider of your choice.** | In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage. |
| Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth) | Paid at incentive levels above | Paid at 100% |
| Oral Surgery (routine and surgical extractions) | Paid at incentive levels above | Paid at 100% |
| Temporomandibular Joint (TMJ) Disorders | Not covered | \$1,000 annual max \$5,000 lifetime max |
| Dental Implants | Paid at 50% | Call the Dental Health Services office for details |
| Other | N/A | Occlusal (night guard) with \$350 copay |

** Expenses paid based on actual charges or average fee charged by 51% of providers in the area, whichever is less.