

## Comparison of Dental Plan Highlights (Most Employees)

<b>Plan Features</b>	<b>Washington Dental Service (WDS)</b>	<b>Dental Health Services (DHS)</b>
<b>Calendar Year Deductible</b>	\$50 per person, \$150 per family (No deductible for preventive services)	\$0
<b>Annual Maximum Benefit</b>	\$2,000 per person per year	No Annual Maximum.
<b>Diagnostic and Preventive</b> (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Incentive payments levels 1 <sup>st</sup> Year – 70% 2 <sup>nd</sup> Year – 80% 3 <sup>rd</sup> Year – 90% 4 <sup>th</sup> Year – 100%	\$10 office visit copay covers composite fillings in all teeth (posterior composite fillings additional \$15) Two additional cleanings for pregnant women, up to four cleanings.
<b>Crowns, Inlays, Onlays</b>	Constant 70%	\$75 (plus \$70 noble, \$100 high noble, \$125 upgraded, specialize porcelain if applicable per unit.)
<b>Prosthetic Services</b> (Dentures, Bridges)	Constant 50%	\$125 plus \$10 office visit copay (dentures) \$75 plus \$10 office visit copay (bridges)  (\$70 on noble, \$100 on high noble metal & titanium, and \$125 charge on upgraded, specialized porcelain)
<b>Orthodontia</b>	Dependent Child(ren) Only	Available for Child & Adult
	Plan pays 50%	Adult (age 25 and over) \$1,800 plus \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 copay for each visit (new cases)  Orthodontia cases (less than age 25) \$1,000 copay \$150 for initial exam, study models and x-rays covers full course of treatment plus \$10 copay for each visit (new cases)
<b>Lifetime Maximum</b>	\$1,500	N/A
<b>Choice of Providers</b>	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or Washington Dental Service's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining.	In-Network: Any contracted provider in the DHS network.  Out-of-Network: No out-of-network coverage.
<b>Periodontics</b> (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Paid according to incentive payment levels shown above	Paid at 100% after \$25 copay for periodontal scaling and maintenance at general dentist. If referred to periodontist, member pays 20%.
<b>Endodontics</b> (treatment of tissues surrounding root of tooth)	Paid according to incentive payment levels shown above, Root canal treatment of same tooth covered only once in a 2-year period.	Paid at 100% after applicable copay (\$50 for anterior, \$75 for bicuspid, or \$100 for molar root canal) If referred to endodontist, member pays 20%.
<b>Oral Surgery</b> (routine and surgical extractions)	Paid according to incentive payment levels shown above, Root canal treatment of same tooth covered only once in a 2-year period.	Paid at 100% after \$10 office visit copay for general dentist. If referred to an oral surgeon, member pays 20%
<b>Temporomandibular Joint (TMJ) Disorders</b>	Not covered	\$1,000 annual maximum \$5,000 lifetime maximum
<b>Dental Implants</b>	Constant 50%	Call DHS Office for details – fees apply
<b>Other</b>	N/A	Occlusal (night guard) with \$350 copay