

# Dental Plan Comparison

## (Employees Who are Members of Local 77 I.B.E.W.)

<b>Plan Features</b>	<b>Delta Dental of Washington (DDWA)</b>	<b>Dental Health Services (DHS)</b>
<b>Calendar Year Deductible</b>	\$0	\$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)	Class I: 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%	Paid at 100%. Two additional cleanings for pregnant women, up to four cleanings.
<b>Fillings</b>	Class II: Paid at incentive levels shown above	Composite fillings for all teeth covered at no extra charge.
<b>Crowns</b>	Class II: Paid at incentive levels shown above	\$70 noble, \$100 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is paid at 100%)
<b>Prosthetic Services</b> (Dentures, Bridges)	Class III: Constant 50%	Dentures: Paid at 100% except for upgrades. Bridges \$70 noble, \$100 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain paid at 100%)
<b>Orthodontia</b>	Available for Child Only	Available for Child & Adult
	Plan pays 50% up to lifetime maximum of \$1,500.  Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)	\$400 copay. \$150 pre-orthodontic service copay, which includes: Initial orthodontic exam: \$25 Study models/x-rays: \$125  Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)
<b>Choice of Providers</b>	In-Network: Any contracted provider. Out-of-Network: Expenses paid will be based on actual charges or Delta Dental of Washington's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining.	In-Network: Any contracted provider or specialist in the DHS network.  Out-of-Network: No out-of-network coverage.

## Dental Plan Comparison (continued)

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)
<b>Periodontics</b> (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Class II: Paid at incentive levels shown above.	Paid at 100%
<b>Endodontics</b> (procedures for pulpal and root canal treatment)	Class II: Paid at incentive levels shown above. Root canal treatment of same tooth covered only once in a 2-year period.	Paid at 100%
<b>Oral Surgery</b> (routine and surgical extractions)	Class II: Paid according to incentive payment levels shown above.	Paid at 100%
<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>	Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease	Occlusal (night guard) with \$350 copay