

Dental Plan Comparison (Most Employees)

Plan Features	Delta Dental of Washington (DDW)	Dental Health Services (DHS)
Calendar Year Deductible	\$50 per person, \$150 per family (No deductible for preventive services)	\$0
Annual Maximum Benefit	\$2,000 per person per year	No Annual Maximum.
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Class I: 100%	\$10 office visit copay Two additional cleanings for pregnant women, up to four cleanings.
Fillings	Class II: Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100%	\$10 office visit copay Covers composite fillings in all teeth (posterior composite fillings additional \$15)
Crowns	Class II: Constant 70%	\$145 noble, \$175 high noble or titanium, \$200 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is \$75.)
Prosthetic Services (Dentures, Bridges)	Class III: Constant 50%	\$125 plus \$10 office visit copay (dentures) \$75 plus \$10 office visit copay (bridges)
Orthodontia	Child(ren) Only	Available for Child & Adult
	Plan pays 50% up to lifetime maximum of \$1,500; deductible doesn't apply	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)
Choice of Providers	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 in the DHS network. Out-of-Network: No out-of-network coverage.

Dental Plan Comparison (continued)

Plan Features	Delta Dental of Washington (DDW)	Dental Health Services (DHS)
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Class II: 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%.
Endodontics (procedures for pulpal and root canal treatment)	Class II: 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%.
Oral Surgery (routine and surgical extractions)	Class II: Paid according to incentive payment levels shown above.	Paid at 100% after \$10 office visit copay for general dentist. If referred to an oral surgeon, member pays 20%
Temporomandibular Joint (TMJ) Disorders	Not covered	\$1,000 annual maximum \$5,000 lifetime maximum
Dental Implants	Constant 50%	Call DHS Office for details – fees apply
Other	Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease.	Occlusal (night guard) with \$350 copay