

Dental Plan Comparison

(Employees Who are Members of the Seattle Police Officers' Guild)

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)
Calendar Year Deductible	\$0	\$0
Annual Maximum Benefit	\$1,500 per person per year	No Annual Maximum.
Diagnostic and Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Class I: Incentive payments levels 1 st Year – 70% 2 nd Year – 80% 3 rd Year – 90% 4 th Year – 100% Incentive level only increases if plan is used; will decrease if not used.	\$5 office visit copay for first three years of employment. Paid at 100%. Two additional cleanings for pregnant women, up to four cleanings.
Fillings	Class II: Paid at incentive levels shown above	Composite fillings for all teeth covered at no extra charge.
Crowns	Class II: Paid at incentive levels shown above	\$50 noble, \$80 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain is paid at 100%)
Prosthetic Services (Dentures, Bridges)	Class III: Constant 50%	Dentures: Paid at 100% except for upgrades. Bridges \$50 noble, \$80 high noble or titanium, \$125 upgraded, specialized porcelain if applicable per unit. (Non-specialized porcelain paid at 100%)
Orthodontia	Available for Child & Adult Plan pays 50% up to lifetime maximum of \$2,000.	Available for Child & Adult
	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)
Choice of Providers	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 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)
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Class II: Paid at incentive levels shown above	Paid at 100% after applicable copay
Endodontics (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% after applicable copay
Oral Surgery (routine and surgical extractions)	Class II: Paid according to incentive payment levels shown above.	Paid at 100%
Temporomandibular Joint (TMJ) Disorders	Not covered	\$1,000 annual maximum \$5,000 lifetime maximum
Dental Implants	Class III: 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