

Your Dental Benefit Summary

2022 City of Seattle Plan-Local 77

| Plan Features | Your Dental Health Services Benefits |
|---|---|
| Calendar Year Deductible | \$0 |
| Annual Maximum | No Annual Maximum |
| Diagnostic & Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants) | Covered at 100% after \$0 office visit copayment*. |
| Crowns, Inlays, Onlays | \$75 plus \$0 office visit copayment* An additional amount may be charged: \$70 for noble/ \$100 for high noble/ \$125 for upgraded, specialized porcelain if applicable per unit. |
| Prosthetic Services (dentures, partials, bridges) | \$0 plus \$0 office visit copayment* (dentures), \$125 plus \$0 office visit copayment* (partials, \$75 plus \$0 office visit copayment* (bridges) An additional may be charged: \$70 for noble/ \$100 for high noble/ \$125 for upgraded, specialized porcelain if applicable per unit. |
| Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth) | Covered at 100% after \$0 office visit copayment and other applicable copayments*. (\$25 copayment for 3rd and 4th periodontal maintenance at general dentist in year.) |
| Endodontics (treatment of tissues surrounding root of tooth) | Covered at 100% after \$0 office visit copayment and other applicable copayments*. |
| Oral Surgery (routine and surgical extractions) | Covered at 100% after \$0 office visit copayment and other applicable copayments*. |
| Orthodontia | Orthodontia cases for members under 25 years of age: \$400 copayment* plus \$150 for initial exam, study models and x-rays covers 24 months of treatment plus \$0 copayment for each visit. For Adult members age 25 and over: \$400 copayment* plus \$150 for initial exam, study models and x-rays covers 24 months of treatment plus \$0 copayment for each visit. |
| Dentist Choice | In-Network: Any contracted general dentist in the Dental Health Services network. Out- of-Network: No out-of-network coverage except for emergency dental conditions. |
| Temporomandibular Joint (TMJ) disorders | \$1,000 annual maximum - \$5,000 lifetime maximum |
| Dental Implants | Call Dental Health Services for details - not available at all locations and discounted fees apply. |

* Copayments may vary depending on specific procedures. Please see plan Schedule of Covered Services and Copayments for a complete list of all benefits and applicable copayments.

This plan is offered and underwritten by Dental Health Services, Inc.

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