

Dental Plan Comparison

(Employees Covered by Seattle Police Officers' Guild Contract)

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)*
Calendar Year Deductible	\$0	\$0
Annual Maximum Benefit	\$2,500 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%)
Prosthodontic 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%)

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Orthodontia	Available for Child & Adult	Available for Child & Adult
	<p>Plan pays 50% up to lifetime maximum of \$3,000.</p> <p>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)</p>	<p>\$400 copay.</p> <p>\$150 pre-orthodontic service copay, which includes:</p> <p>Initial orthodontic exam: \$25</p> <p>Study models/x-rays: \$125</p> <p>Benefits provided for eligible employees, spouse/partner, and dependent unmarried children under age 26 (through 25)</p>
Choice of Providers	<p>In-Network: Any contracted provider.</p> <p>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.</p>	<p>In-Network: Any contracted provider or specialist in the DHS network.</p> <p>Out-of-Network: No out-of-network coverage.</p>
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%

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Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)*
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 at 206-788-3444 – fees apply
Other	Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease	Occlusal (night guard) with \$350 copay

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