

# Individual & Family plan dental program

## 2006 plan year #1126 summary of benefits



Group Health Cooperative Individual & Family plan members are eligible to enroll in the Washington Dental Service (WDS) program. This WDS dental plan gives you the freedom to use any dentist. The summary below outlines the coverage areas and percentages of coverage that apply. Class II and Class III services below are subject to a \$50 per person calendar year deductible (\$150 per family calendar year maximum). The plan will pay a maximum of \$1,000 in covered benefits for each person in any calendar year. **Other benefits, limitations, and exclusions apply to this plan. This is a brief summary of coverage, not a contract.**

If you seek treatment from a WDS member dentist, your dentist will submit claim forms, and WDS's payment will be made directly to your dentist based on the member dentist's approved and limited fee. You are only responsible for your cost share. More than 90 percent of the dentists in Washington state are members of WDS. Check with your dentist to see if he or she is a WDS member dentist.

If you receive treatment from a dentist who is not a member of WDS, you will be responsible for submitting the claim form. Payment will be based on WDS's allowable fees for nonmember dentists. You will be responsible for any remaining balance. If you have any questions, please call WDS Customer Service at 1-800-554-1907.

| CLASS I   | CLASS II  | CLASS III   |
|---|---|---|
| <b>Preventive and diagnostic expenses—100% coverage (deductible waived)</b> <ul style="list-style-type: none"> <li>Routine exams and cleanings (twice in a calendar year)</li> <li>Fluoride treatment for adults and children, twice in a calendar year</li> <li>Sealants for children through the age of 14 years (once per tooth every three years)</li> <li>Dental X-rays</li> </ul> | <b>Basic dental expenses—50% coverage</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Oral surgery</li> <li>Endodontics (i.e. root canal therapy)</li> <li>Periodontics</li> </ul> | <b>Major expenses—30% coverage</b> <ul style="list-style-type: none"> <li>Crowns, implants, and onlays</li> <li>Dentures, bridges, and partials</li> <li>Repair and adjustment to prosthetic devices</li> </ul> |

| MONTHLY RATES                   |          |
|---------------------------------|----------|
| Subscriber .....                | \$45.06  |
| Subscriber and spouse .....     | \$85.06  |
| Subscriber and child(ren) ..... | \$79.53  |
| Subscriber and family .....     | \$119.53 |

| GENERAL EXCLUSIONS   |  |
|--|--|
| <ul style="list-style-type: none"> <li>Dentistry for cosmetic reasons</li> <li>Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Such procedures include restoration of tooth structure lost from attrition, abrasion, or erosion, and restorations for malalignment of teeth.</li> <li>Application of desensitizing agents</li> <li>Experimental services or supplies</li> <li>General anesthesia/intravenous (deep) sedation, except as specified by WDS for certain oral, periodontal, or endodontic surgical procedures</li> <li>Analgesics such as nitrous oxide, conscious sedation, euphoric drugs, injections, or prescription drugs</li> <li>In the event an eligible person fails to obtain a required examination from a WDS-appointed consultant dentist for certain treatments, no benefits shall be provided for such treatment.</li> <li>Hospitalization charges and any additional fees charged by the dentist for hospital treatment</li> </ul> | <ul style="list-style-type: none"> <li>Broken appointments</li> <li>Patient management problems</li> <li>Completing insurance forms</li> <li>Habit-breaking appliances or orthodontic services or supplies</li> <li>WDS shall have the discretionary authority to determine whether services are covered benefits in accordance with the general limitations and exclusions shown in this contract, but it shall not exercise this authority arbitrarily or capriciously or in violation of the provisions of the contract.</li> <li>This program does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage.</li> <li>All other services not specifically included in the Contract as Covered Dental Benefits</li> </ul> |