

Dental Plan Options

There are two dental plans: Delta Dental of Washington (DDWA) and Dental Health Services (DHS).

Delta Dental of Washington

If you select DDWA, you can receive services from any dentist, but your out-of-pocket expenses may be lower if you choose a dentist who belongs to the DDWA network. You will be enrolled in this plan if you fail to enroll in a medical plan within 30 days of your hire/promotion date.

Selecting a DDWA dentist means:

- The portion of the dentist bill you pay is smaller than if you use a non-network dentist.
- You do not need to submit a claim - the dentist's office will submit the claim form.
- A non-DDWA dentist may bill you for the portion of the bill that DDWA does not cover.
- A DDWA ID card is not need to access care.

DDWA offers orthodontia benefits for children only. Pre-treatment estimates are recommended.

Dental Health Services

DHS provides greater benefits for services received in network than if you enroll in DDWA, but the DHS network of participating dentists is smaller and you must see a participating network dentist in order for service to be covered.

Selecting a Dental Health Services dentist means:

- There are no deductibles or annual maximums.
- Coverage does not decrease if you do not visit your dentist regularly.

This plan has an office visit copay of \$10. There are copays for selected services.

DHS offers both child and adult (age 25 and over) orthodontia.

Dental Plan Comparison

Plan Features	Delta Dental of Washington (DDWA)	Dental Health Services (DHS)
Calendar Year Deductible	\$50 per person, \$150 per family	\$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 – 80% 2 nd Year – 90% 3 rd 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: You will be responsible for any balance remaining over the maximum allowable fees for nonparticipating dentists.	In-Network: Any contracted provider in the DHS network. Out-of-Network: No out-of-network coverage.
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%. Up to 4 visits for specific situations.
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 at (206) 788-3444 for details – copayments apply
Other	Class III: Occlusal (night guard) covered at 50% if patient has advanced gum disease.	Occlusal (night guard) with \$350 copay

2021 Monthly Dental Premiums

Dental Plan	Total Monthly Premium Amount	Employee's Monthly Premium Contribution	
		Coverage for Employee with or without children	Coverage for Employee with Spouse/Domestic Partner with or without children
Delta Dental of Washington	\$113.46	\$0	\$0
Dental Health Services	\$147.45	\$0	\$0