

Washington Dental Service is a member of the
Delta Dental Plans Association

SUMMARY OF BENEFITS (Buy -Up Option) (Represented & Non-Represented employees)
Calendar Year 2009

	PAYMENT LEVELS		
	Delta Dental Member PPO Dentist	Delta Dental Member Non-PPO Dentist	Not a Delta Dental Member Dentist
Class I - Diagnostic & Preventive Exams, Prophys, Fluoride, X-rays, Sealants	80%	60%	60%
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	70%	60%	60%
Class III - Major Crowns, Dentures, Partials, Bridges	50%	40%	40%
Annual Maximum Per Person Benefit Period(January 1 – December 31)	\$1,500	\$1,500	\$1,500
Deductible (Waived on Class I) Per person/per benefit period	\$50	\$50	\$100
Annual family maximum	\$100	\$100	\$200
Orthodontia Adults and Dependent Children	50%	50%	50%
Lifetime maximum per child	\$1,200	\$1,200	\$1,200

SUMMARY OF BENEFITS (Core Option) (Non-Represented employees only)
Calendar Year 2009

	PAYMENT LEVELS		
	Delta Dental Member PPO Dentist	Delta Dental Member Non-PPO Dentist	Not a Delta Dental Member Dentist
Class I - Diagnostic & Preventive Exams, Prophys, Fluoride, X-rays, Sealants	50%	40%	40%
Class II - Restorative Restorations, Endodontics, Periodontics, Oral Surgery	50%	40%	40%
Class III - Major Crowns, Dentures, Partials, Bridges	30%	20%	20%
Annual Maximum Per Person Benefit Period(January 1 – December 31)	\$1,000	\$1,000	\$1,000
Deductible (Waived on Class I) Per person/per benefit period	\$50	\$50	\$100
Annual family maximum	\$150	\$150	\$300
Orthodontia Adults and Dependent Children	50%	50%	50%
Lifetime maximum per child	\$1,000	\$1,000	\$1,000

Please Note: This is a brief summary of benefits only and does not constitute a contract. You will receive a benefits booklet that completely details your Delta Dental PPO dental benefits. Please call the Customer Service Department on 1-800-554-1907 with any questions.