

2017 Dental Benefits Comparison

For information on specific benefits and exclusions, refer to the dental plan's certificate of coverage or contact the plan directly. A PPO refers to a preferred-provider organization (network).

| Annual Costs | Preferred-provider plan | Managed-care plans | |
|--|---|----------------------------------|--|
| | Uniform Dental Plan (UDP) <i>(Group 3000 Delta Dental PPO)</i> | DeltaCare <i>(Group 3100)</i> | Willamette Dental Group <i>(Group WA82)</i> |
| Deductible | \$50/person, \$150/family | None | |
| Plan maximum <i>(See specific benefit maximums below)</i> | You pay amounts over \$1,750 | No general plan maximum | |

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|--|--|--|--|
| | Uniform Dental Plan (UDP) <i>(Group 3000 Delta Dental PPO)</i> | DeltaCare <i>(Group 3100)</i> | Willamette Dental Group <i>(Group WA82)</i> |
| | You pay after deductible: | You pay: | |
| Dentures | 50% PPO and out of state; 60% non-PPO | \$140 for complete upper or lower | |
| Root canals <i>(endodontics)</i> | 20% PPO and out of state; 30% non-PPO | \$100 to \$150 | |
| Nonsurgical TMJ | 30% of costs until plan has paid \$500 for PPO, out of state, or non-PPO; then any amount over \$500 in member's lifetime | DeltaCare: 30% of costs, then any amount after plan has paid \$1,000 per year, then any amount over \$5,000 in member's lifetime Willamette Dental Group: Any amount over \$1,000 per year and \$5,000 in member's lifetime | |
| Oral surgery | 20% PPO and out of state; 30% non-PPO | \$10 to \$50 to extract erupted teeth | |
| Orthodontia | 50% of costs until plan has paid \$1,750 for PPO, out of state, or non-PPO, then any amount over \$1,750 in member's lifetime (deductible doesn't apply) | Up to \$1,500 copay per case | |
| Orthognathic surgery | 30% of costs until plan has paid \$5,000 for PPO, out of state, or non-PPO; then any amount over \$5,000 in member's lifetime | 30% of costs until plan has paid \$5,000; then any amount over \$5,000 in member's lifetime | |
| Periodontic services <i>(treatment of gum disease)</i> | 20% PPO and out of state; 30% non-PPO | \$15 to \$100 | |
| Preventive/diagnostic <i>(deductible doesn't apply)</i> | \$0 PPO; 10% out of state; 20% non-PPO | \$0 | |
| Restorative crowns | 50% PPO and out of state; 60% non-PPO | \$100 to \$175 | |

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