

Your Dental Benefits

Delta Dental

ID Cards

Dental cards are available through your employer/Human Resources Department.

Your Delta Dental ID cards are generic in nature, listing the plan name, type of coverage, and group number - information your provider will need to bill your insurance.

Provider Network

You can get service from any licensed dentist, however if you select a dentist who is a Delta Dental participating provider, they will submit claims for you, and will receive payment directly from Delta Dental. If you select a PPO dentist, the above applies and your benefits will likely be paid at a higher level, leaving you with lower out-of-pocket expenses.

To find a Delta Dental PPO or other participating provider, go to their website at www.DeltaDentalWA.com/AWC.

Dependent Verification

Proof of dependency is required following the enrollment of dependents. Documentation required includes (but is not limited to) marriage certificate, affidavit of marriage/domestic partnership, joint ownership documents, birth certificate, adoption papers.

A request for dependent eligibility documentation will arrive via US mail after your insurance paperwork has been processed.

Dental Coverage

Your dental plan benefit period is January 1 - December 31. You and your covered family members have a maximum dollar limit benefit per calendar year.

If your dental care will be extensive, you may want to ask your dentist to complete and submit a request for an estimate, or a predetermination of benefits, which will allow you to know if advance what procedures may be covered, the amount Delta Dental will pay, and your expected out-of-pocket responsibility.

Orthodontia coverage may also be included in your dental coverage.

Open Enrollment

Open enrollment happens each year, with changes effective on **January 1**.

To make changes, you will need to complete an AWC Combined Insurance Enrollment Form and return it to your employer.

Qualifying events (child birth, marriage, etc.) allow you to add dependents outside of open enrollment.



Questions?

For questions about your dental plan, when your dental benefits begin, providers covered by your dental plan, or your ID card, check with your employer's Human Resources Department or contact AWC Trust staff at 1-800-562-8981.

You can also contact Delta Dental Customer Service at 1-800-554-1907. Refer to your plan booklet for additional details.

Delta Dental of Washington Dental Plan E Benefit Summary

Class I Benefits	100% - 70% (paid at incentive level)
Class II Benefits	100% - 70% (paid at incentive level)
Class III Benefits	50%
Annual Plan Maximum	\$2,000
Annual TMJ Maximum	50%, \$1,000 (does not accrue towards annual maximum)
Lifetime TMJ Maximum	\$5,000
Plan Year	January 1 - December 31

What is an “incentive level”?

When you first enroll in the plan – your “incentive level” (or payment level) will be 100%. Each calendar year that you use your dental benefits – your “incentive level” maintains the 100% incentive/payment level. If you do not use your dental plan for a year, your incentive level will *decrease* by 10%, but will not go below 70%.

To receive the highest level of benefits, use Delta Dental in-network dentists. Find Delta Dental contracted dentists at www.deltadentalwa.com/awc. Refer to your dental booklet for limitations and exclusions.

Your dental plan covers Class I, Class II, and Class III benefits at the percentage listed above.

Class I Benefits:

*Covers diagnostic & preventative care:

- Routine Examination & Cleaning (up to 2 times annually)
- Comprehensive Oral Exam (covered 1 time in a 3-year period, instead of 1 routine exam)
- X-rays, (limitations apply)
- Emergency Examinations
- Fissure Sealants (Covered 1 time every three years through age 14)
- Topical Application of Fluoride (up to 2 times annually)

Class II Benefits:

*Covers restorative, oral surgery, periodontics & endodontics care:

- Amalgam/composite fillings
- Removal of teeth and surgical extractions (includes removal of wisdom teeth)
- Procedures for pulpal and root canal treatment
- *In certain conditions of oral health, general anesthesia or intravenous sedations may be covered*

Class III Benefits:

*Covers periodontics & prostodontics care:

- Crowns
- Inlays & Onlays (limitations apply)
- Dentures, fixed bridges
- Surgical placement or removal of implants or attachments to implants

* Please see dental booklet for limitations, and exclusions of this dental plan.

This benefit summary is intended only as a plan overview. It does not include all parameters, limitations and exclusions of the plan.



Delta Dental of Washington



ASSOCIATION OF WASHINGTON CITIES EMPLOYEE BENEFIT TRUST

Group #00177

OPTIONAL ORTHODONTIC BENEFITS FOR COVERED CHILDREN – PLAN II

Optional orthodontic benefits are available only to a Participating Employer, who has agreed to provide orthodontic benefits and agreed to contribute the appropriate monthly Premium.

The following has been added to your Benefits Booklet:

Reimbursement Levels for Allowable Benefits

In Network – Delta Dental PPO Dentists

Orthodontic proceduresConstant 50%

Out-of-Network – Non-Delta Dental PPO

Orthodontic proceduresConstant 50%

Plan Maximum

Lifetime Orthodontic Benefits per Person.....\$1,000

All Enrolled Employees and Enrolled Dependents are eligible for Class I, Class II, Class III Covered Dental Benefits, orthodontic benefits (for enrolled eligible children only), and temporomandibular joint (TMJ) benefits.

Class II Sedation

Limitations

- ◇ General Anesthesia is a Covered Dental Benefit only in conjunction with certain covered oral surgery procedures, as determined by DDWA, or when medically necessary, for children through age six, or for a physically or developmentally disabled person, when in conjunction with Class I, II, III, TMJ or Orthodontic Covered Dental Benefits.*

Orthodontic Benefits for Covered Children

Orthodontic treatment is the appliance therapy necessary for the correction of teeth or jaws that are positioned improperly.

The lifetime maximum amount payable by DDWA for orthodontic benefits provided to an Enrolled Person shall be \$1,000. Not more than \$500 of the maximum, or one-half of DDWA’s total responsibility shall be payable at the time of initial banding. The final payment of DDWA’s responsibility shall be made during the 7th month following the initial banding, providing the employee is enrolled and the dependent is in compliance with the age limitation.

Additionally, payment for orthodontic benefits is based upon eligibility. If individuals become dis-enrolled prior to the payment of benefits, subsequent payment is not made.

Covered Dental Benefits

- ◆ Fixed or removable appliance therapy for the treatment of teeth or jaws.
- ◆ Orthodontic records: exams (initial, periodic, comprehensive, detailed and extensive), X-rays (intraoral, extraoral, diagnostic radiographs, panoramic), diagnostic photographs, diagnostic casts (study models) or cephalometric films.

Limitations

- ◆ Payment is limited to:
 - ◇ Completion of the treatment plan, or any treatment that is completed while you are eligible for the Orthodontic Benefit, whichever occurs first.
 - ◇ Treatment received after coverage begins (claims must be timely submitted to DDWA). For orthodontia claims, the initial banding date is the treatment date considered in the timely filing.
- ◆ Treatment that began prior to the start of coverage will be prorated. Allowable payment will be calculated based on the balance of treatment costs remaining on the date of eligibility.
- ◆ In the event of termination of the treatment plan prior to completion of the case, or termination of this plan, no subsequent payments will be made for treatment incurred after such termination date.

Exclusions

- ◆ Charges for replacement or repair of an appliance.
- ◆ Self-Administered Orthodontics.
- ◆ No benefits shall be provided for services considered inappropriate and unnecessary, as determined by DDWA.

It is strongly suggested that an orthodontic treatment plan be submitted to, and a Confirmation of Treatment and Cost be made by, DDWA prior to commencement of treatment. A Confirmation of Treatment and Cost is not a guarantee of payment. Additionally, payment for orthodontic benefits is based upon your eligibility. If you become ineligible prior to the subsequent payment of benefits, subsequent payment is not covered. If you have any questions about your Covered Dental Benefits or Plan Maximums please see the "Questions Regarding Your Plan" section on how to contact Customer Service.

Claim Forms

DDWA is not obligated to pay for treatment performed for which claim forms are submitted for payment more than six months after the date of such treatment. For orthodontia claims, the initial banding date, which is the date the appliance is placed, is the treatment date used to start this six-month period.