

Dental Rider

Vision Rider

Optional Benefits

Coverage under this benefit includes:

The Washington Dental Service (WDS) small group plan covers any dental provider you choose, with benefits paid at a higher level when using a WDS network provider. This plan emphasizes preventive care with 100% coverage for routine exams/cleanings and fluoride, twice per benefit period, sealants (once per tooth every two years), and dental x-rays. Also covered are fillings, oral surgery, endodontics and periodontics at 80% with a \$50 per person/calendar year deductible; and crowns, implants and onlays, dentures, bridges and partials, and repair and adjustment of prosthetic devices at 50 % with a \$50 per person calendar year deductible.



Optional Benefits

Coverage under this benefit includes:

- One routine eye examination each calendar year paid at 100% for participating providers and 60% for non-participating providers.
- Eyeglass frames and lenses (any type), hard/soft contact lenses and lens options, such as tinting, are covered at 100% up to the maximum payment of \$100 per calendar year.

This benefit is not subject to deductible requirements. There is no copay associated with this benefit.



Limitations

All limitations and exclusions defined in the Benefits Booklet apply to these Vision and Dental Benefit Riders.