

**Small Group Dental Program**  
*2010 plan year*

KPS Health Plan members are eligible to enroll in the Washington Dental Service PPO dental program. This plan gives you the freedom to choose any dentist at the time of treatment. However, if you select a dentist who is part of the PPO plan network, your benefits will typically be paid at a higher level and your out-of-pocket expenses may be lower. The plan will pay a maximum of \$2,000 in covered benefits for each person in a calendar year. Other benefits, limitations and exclusions apply to this plan. This is a brief summary of coverage, not a contract.

If you receive treatment from a Washington Dental Service dentist, your dentist will complete and submit all claim forms for you. Payment will be made directly to your dentist, based on the member dentist's pre-approved fee.

You will be responsible only for your cost share. Check with your dentist to see if he or she is a Washington Dental Service member dentist.

If you choose to receive treatment from a dentist who is not a member of WDS, you will be responsible for having the dentist complete and sign claim forms and submit them to Washington Dental Service. Claim payment will be based on actual charges or WDS's maximum allowable fees for nonparticipating dentists, whichever is less. You will be responsible for any balance remaining.

Following is a list of your covered services according to the type of service and your cost share.

Note: Your plan includes the services Class I, Class II and Class III listed below:

<b>CLASS I:</b> <i>You are covered at 100% with no deductible (80% out of network)</i>	<b>CLASS II:</b> <i>You are covered at 80% with a \$50 per person/per calendar year deductible* (70% out of network)</i>	<b>CLASS III:</b> <i>You are covered at 50% with a \$50 per person/per calendar year deductible* (40% out of network)</i>
<b>Preventive and diagnostic care</b>	<b>Basic dental expenses</b>	<b>Major expenses</b>
Routine exams and cleanings <i>(twice in a benefit period)</i> Fluoride treatment for adults and children <i>(twice in a benefit period)</i> Sealants <i>(once per tooth every two years)</i> Dental X-rays	Fillings Oral surgery Endodontics <i>(i.e. root canal therapy)</i> Periodontics	Crowns, implants, and onlays Dentures, bridges, and partials Repair and adjustment of prosthetic devices
* \$150 per family per calendar year maximum deductible. The plan will pay a maximum of \$2,000 in covered benefits for each person in a calendar year.		

**Orthodontia**

Dependent children only  
Covered at 50%  
Lifetime maximum per child of \$1,000

**Optional:**

**Temporomandibular joint (TMJ)**

Covered at 50%  
Annual maximum of \$1,000  
Lifetime maximum of \$5,000

<b>MONTHLY RATES</b>		
<b>Monthly Rates</b>	<b>Regular</b>	<b>With TMJ</b>
Subscriber	\$46.63	\$46.71
Subscriber and spouse	\$93.21	\$93.36
Subscriber and child(ren)	\$128.84	\$128.96
Subscriber and family	\$175.42	\$175.61

Please note that the above information is a summary of the features of Washington Dental Service benefits.



## General Limitations and Exclusions

- ✓ Dentistry for cosmetic reasons
- ✓ Restorations or appliances necessary to correct vertical dimensions or to restore the occlusion. Such procedures include restoration of tooth structure lost from attrition, abrasion, or erosion, and restorations for malalignment of teeth
- ✓ Application of desensitizing agents
- ✓ Experimental services or supplies
- ✓ General anesthesia/intravenous (deep) sedation, except as specified by WDS for certain oral, periodontal, or endodontic surgical procedures, or when medically necessary, for children through age 6, or a physically or developmentally disabled person.
- ✓ Analgesics such as nitrous oxide, conscious sedation, euphoric drugs, injections, or prescription drugs
- ✓ In the event an eligible person fails to obtain a required examination from a WDS-appointed consultant dentist for certain treatments, no benefits shall be provided for such treatment
- ✓ Hospitalization charges and any additional fees charged by the dentist for hospital treatment
- ✓ Broken appointments
- ✓ Patient management problems
- ✓ Completing insurance forms
- ✓ Habit-breaking appliances
- ✓ WDS shall have the discretionary authority to determine whether services are covered benefits in accordance with the general limitations and exclusions shown in this contract, but it shall not exercise this authority arbitrarily or capriciously or in violation of the provisions of the contract
- ✓ This program does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage
- ✓ All other services not specifically included in the contract as covered dental benefits

Please Note: This is a brief summary of benefits only and does not constitute a contract. If you have any questions about this, please call WDS Customer Service at 1-800-554-1907.