



WBACC Managed Care Dental Plan

This dental plan offers services provided exclusively by Columbia Dental Group. There are no deductibles and no annual plan maximum. You just show your Columbia Dental Group ID card and pay a \$15 per-visit co-pay. There are additional co-pays for major services. With basic services paid in full, this plan encourages the use of preventive services, helping to eliminate the need for time consuming and expensive major dental work. You select one of Columbia Dental Group's clinics, call the customer service number @ 206.464.3636 or toll free at 1.800.848.5424 for an appointment and receive treatment and pay the \$15 per-visit co-pay.

Office Visit Co-pay

\$15 per person

Emergency Benefit

\$15 per-visit co-pay

\$25 co-pay for after-hour emergencies

Missed Appointments

\$20 per person

Major Services Co-pays

Inlays (cast restorations) Involving
1 surface, 2 surfaces, 3 surfaces (per tooth) \$230

Crowns- Porcelain \$230

Endodontics

Root Canal- anterior (per tooth) \$90
Root Canal- bicuspid (per tooth) \$180
Root Canal- molar (per tooth) \$250

Periodontics

Gingivectomy (per quadrant) or gingivoplasty \$230
Root Planing (per quadrant) \$75
Osseous surgery (per quadrant), including flap entry and closure \$230
Bone replace graft \$210

Prosthetic Benefits

Partial upper or lower denture \$140
Tissue Conditioner \$210
Overdenture \$210
Complete immediate (upper/lower) denture \$230

Pontics

Pontic cast (sanitary; per unit) (per tooth) \$230
Bridge pontics - porcelain, plastic and non-precious metal \$230

Oral Surgery

Removal of impacted tooth- soft tissue (per tooth)	\$160
Partially bony impaction and tooth removal (per tooth)	\$160
Complete bony impaction (per tooth)	\$160
Tooth implantation/reimplantation (per tooth)	\$130
Frenectomy	\$130
Excision of hyperplastic tissue	\$130

Anesthesia

Nitrous oxide (per visit)	\$20
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Other services

Temporomandibular joint disorder (TMJ):

Benefits will be provided the same as any other condition limited to \$1,000 per year, \$5,000 lifetime maximum. These TMJ maximums will be combined with the maximums for medical treatment (if applicable).

Orthodontic Services:

Orthodontic Services will be provided by a participating dentist or specialist when a treatment plan is prepared by a participating dentist prior to rendering services.

Pre- Orthodontic Service Co-pay:

You will be responsible for pre-orthodontic services provided:

Initial orthodontic exam	\$50
Study models and x-rays	\$50
Case preparation	\$50

Orthodontic Service Co-pay:

You will be responsible for orthodontic co-pays and the \$15 office-visit charge, depending on the extent of orthodontic treatment your participating dentist determines to be necessary:

Class I malocclusion	\$2,800
Class II malocclusion	\$2,800
Class II malocclusion	\$2,800

Major Exclusion

(See benefits brochure for a complete listing)

Bleaching of a tooth; charges for dental services performed by anyone who is not a licensed dentist or denturist, except for a licensed hygienist; correction of malocclusion treatment, unless selected as an option; dental services started prior to the date the member became eligible for services under this plan or for items installed or delivered more than 90 days after coverage has been terminated.

This is a brief summary. For full coverage provisions, including a description of waiting period, limitations and exclusions, please refer to your benefits brochure.