



WBACC High Option Dental Plan

The High Option Dental Plan includes preventive and diagnostic services as well as basic, restorative and major services. After satisfaction of the deductible, this plan will provide payment for the services at the percentages listed below, up to the calendar year benefit maximum. The percentage paid for services is based on Regence BlueShield's "allowed amount". Participating dentists have agreed to accept the allowed amount as payment for services. Services of licensed dentists or denturists who are not participating with Regence BlueShield will also be paid for, based on a percentage of the allowed amount. The patient will be responsible for any additional charges billed over the allowed amount.

Calendar Year Deductible: \$50 per person / \$150 per family. Deductible waived for preventive and diagnostic services

Benefit Payment Levels: Preventive & Diagnostic Services - 100%, Basic Services - 80%, Prosthetic & Other Major Services - 50%

Calendar Year Benefit Maximum: \$1,000 per person

Preventive and Diagnostic Services - 100%

Bitewing x-rays: One set per calendar year

Dental x-rays: A complete series of intra-oral films and panoramic films once every five calendar years

Oral Examinations: Two per calendar year

Sealants: For permanent bicuspids and molars, one application every four calendar years, age 17 and under

Prophylaxis: Two cleanings per calendar year - includes prophylaxis and periodontal maintenance

Space maintainers: For premature loss of primary teeth for children age 11 and under

Fluoride: Two applications per calendar year, age 17 and under

Basic Services - 80%

Fillings: Amalgam and composite restorations once every two years per tooth

Endodontics: Including direct pulp capping, pulpotomy, root canal treatment and apicoectomy

Emergency / palliative treatment: Limited to the treatment of pain relief

Oral Surgery: Includes treatment plan, local anesthesia, and post surgical care for tooth removal, biopsies, incision, drainage, surgical extraction, impactions, alveoplasty, vestibuloplasty and residual root removal

General anesthesia: Administered for covered dental procedures when necessary and general anesthesia or intravenous sedation for multiple partial or full bony impactions, and for complex oral or periodontal surgery when authorized by the company
Local anesthesia included in allowance for procedure

Periodontal procedures:

Scaling and root planing - Once every two calendar years - full mouth

Periodontal maintenance - Two treatments per calendar year, including prophylaxis

Osseous and mucogingival (bone surgery) - Once every five calendar years - full mouth

Gingivectomy and gingivoplasty (gum surgery)

Stainless steel crowns: One crown per tooth every two years

Tissue conditioning: Covered prior to denture insertion

Occlusal adjustment: Five or fewer teeth, subject to review by the company

Emergency or limited oral examinations

Major Services - 50%

Crowns or inlays: Cast restorations placed on molars will be given the gold allowance

Bridges (fixed partial denture): One abutment tooth placed on each side of the missing tooth or teeth

Dentures: Full or partial

Re-cementing: Onlays or crowns

Denture or bridge adjustment: Repairs or adjustments within one year of insertion are not covered

Temporary crowns: For immediate out-of-area emergency treatment only

Temporary prosthetics: For replacement of anterior teeth extracted less than one month prior only

Dental implants: Covered when authorized by the company in advance

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.

Major Exclusions - See benefit brochure for complete list.

Bleaching of a tooth; charges for dental services performed by anyone who is not a licensed dentist or licensed denturist, except for a licensed hygienist; correction of malocclusion, preventive orthodontic procedures, or other orthodontic 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 30 days after coverage has been terminated; dentistry for cosmetic reasons; drugs or medicines, whether or not prescribed; investigational services or supplies; full-mouth reconstruction or dental implants; habit/stress-breaking appliances.

This is a brief summary of benefits. For full coverage provisions, including a description of waiting periods, limitations and exclusions, refer to your benefit brochure. This plan is underwritten by Regence BlueShield of Seattle, WA, an independent licensee.

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