

Highlights of your Dental Coverage

WASHINGTON ALLIANCE FOR HEALTH INSURANCE TRUST

Effective Date: 07/01/2017

Any deductibles, copays, and coinsurance percentages shown are amounts for which you're responsible.

DENTAL PLAN	2017 DENTAL PLUS
COVERED SERVICES	
Individual/Family Deductible PCY	\$25 PCY / \$75 PCY
Diagnostic/Preventive	Covered In Full
<ul style="list-style-type: none"> -cleanings (limited to 2 PCY) -emergency exams (unlimited) -fluoride treatments (limited to 2 applications PCY, age limits apply) -routine oral exams (limited to 2 PCY) -routine x-rays (complete series or panoramic x-ray once per 36 consecutive months) -sealants (limited to permanent teeth, age limits apply) -space maintainers (age limits apply) 	
Basic	Deductible, then 20%
<ul style="list-style-type: none"> -emergency palliative treatment -endodontic (root canal) treatment (limited to 2 per arch when performed in conjunction with overdentures) -fillings (limited to once per tooth surface every 24 consecutive months) -full mouth debridement -general anesthesia (limited to covered dental procedures at a dental-care provider's office when dentally necessary) -oral surgery (including simple and surgical extractions) -periodontal maintenance (limited to 4 visits per calendar year) -periodontal scaling (limited to 2 every 12 consecutive months) -periodontal surgery -repair & recementing of crowns, inlays, bridgework & dentures 	
Major	Deductible, then 50%
<ul style="list-style-type: none"> -implants, dentures, partial & fixed bridges (replacements limited to once every 5 calendar years) -inlays, onlays & crowns (replacements limited to once per tooth every 5 years) 	
Annual Maximum	\$2,000 PCY

Annual deductible waived for Diagnostic/Preventive services

PCY = Per Calendar Year. Balance billing may apply if a provider is not contracted with Premera Blue Cross. Members are responsible for amounts in excess of the allowable charge.

This is not a complete explanation of covered services, exclusions, limitations, reductions or the terms under which the program may be continued in force. This benefit highlight is not a contract. For full coverage provisions, including a description of waiting periods, limitations and exclusions please contact Customer Service.



Discrimination is Against the Law

Premier Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premier does not include people or treat them differently because of race, color, national origin, age, disability or sex.

Phone:

- Premier free aids and services to people with disabilities to communicate effectively with us.
• Qualified sign language interpreters
• Written materials (Braille, large print, audio, accessible electronic formats, other formats)
• Premier free language services to people whose primary language is not English, such as:
• Qualified interpreters
• Information written in other languages

If you need these services, contact the Civil Rights Coordinator.
If you believe that Premier Blue Cross has denied you the services of accommodation in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator, Complaints and Appeals
100 Independence Avenue, 5th Floor, 500 West Building
Washington, D.C. 20037 • 800-368-1019, 800-842-5357 (TTY)
Complete form are available at:
http://www.fhs.gov/eofice/foia/index.htm

You can file a grievance in person or by mail, fax, or email. If you need help you also file a grievance. Our Civil Rights Coordinator is available to help you. You also file a grievance in person or by mail, fax, or email. If you need help you also file a grievance. Our Civil Rights Coordinator is available to help you.

Getting Help in Other Languages
This Notice has important information. This notice may have important information about your application or coverage through Premier Blue Cross. There may be language barriers in the notice. You may need to take action to obtain assistance to help you read coverage or this notice. You have the right to get this information and help in your language at no cost.

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