

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 PPO
COVERED SERVICES	
Individual/Family Deductible PCY	\$50 PCY / \$150 PCY
Diagnostic/Preventive	
<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) 	0% In-network / 20% Out-of-network
Basic	
<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 	Deductible, then: 20% In-network / 40% Out-of-network
Major	
<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) 	Deductible, then: 50% In-network / 60% Out-of-network
Annual Maximum	\$1,500 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.

