

# WDS Dental Plan E Benefit Summary



Class I Benefits	70% - 100% (paid at incentive level)
Class II Benefits	70% - 100% (paid at incentive level)
Class III Benefits	50%
Annual Plan Maximum	\$2,000
Annual TMJ Maximum	50%, \$1,000 (does not accrue towards annual maximum)
Lifetime TMJ Maximum	\$5,000
Plan Year	January 1 - December 31

## What is an “incentive level”?

When you first enroll in the plan - your “incentive level” (or payment level) will be 70%. Each calendar year that you use your dental benefits - your “incentive level” *increases* by 10%. If you do not use your dental plan for a year, your incentive level will *decrease* by 10%, but will not go below 70%.

To receive the highest level of benefits, use WDS in-network dentists. Find WDS contracted dentists at [www.deltadentalwa.com/awc](http://www.deltadentalwa.com/awc). Refer to your dental booklet for limitations and exclusions.



Your dental plan covers Class I, Class II, and Class III benefits at the percentage listed above.

### Class I Benefits:

\*Covers diagnostic & preventative care:

- Routine Examination & Cleaning (up to 2 times annually)
- Comprehensive Oral Exam (covered 1 time in a 3-year period, instead of 1 routine exam)
- X-rays, (limitations apply)
- Emergency Examinations
- Fissure Sealants (Covered 1 time every three years through age 14)
- Topical Application of Fluoride (up to 2 times annually)

### Class II Benefits:

\*Covers restorative, oral surgery, periodontics & endodontics care:

- Amalgam/composite fillings
- Removal of teeth and surgical extractions (includes removal of wisdom teeth)
- Procedures for pulpal and root canal treatment
- *In certain conditions of oral health*, general anesthesia or intravenous sedations *may* be covered

### Class III Benefits:

\*Covers periodontics & prostodontics care:

- Crowns
- Inlays & Onlays (limitations apply)
- Dentures, fixed bridges
- Surgical placement or removal of implants or attachments to implants



\* Please see dental booklet for limitations, and exclusions of this dental plan. This benefit summary is intended only as a plan overview. It does not include all parameters, limitations and exclusions of the plan.