

Individual & Family plan dental program
2008 plan year #00542 summary of benefits

KPS Health Plans Individual & Family plan members are eligible to enroll in the Washington Dental Service (WDS) program. This WDS dental plan gives you the freedom to choose any dentist. The plan will pay a maximum of \$1,000 in covered benefits for each person in any calendar year. *Other benefits, limitations, and exclusions apply to this plan. This is a brief summary of coverage, not a contract.*

If you seek treatment from a WDS member dentist, your dentist will submit claim forms, and WDS's payment will be made directly to your dentist based on the member dentist's preapproved fee. You are responsible only for your cost share. Nearly 90 percent of the dentists in Washington state are members of WDS. Check with your dentist to see if he or she is a WDS member dentist.

If you receive treatment from a dentist who is not a member of WDS, you will be responsible for having the dentist complete and sign the claim form, as well as insuring that the claim is sent to Washington Dental Service. Payment will be based on actual charges or WDS's maximum allowable fees for nonmember dentists, whichever is less. You will be responsible for any balance remaining. [If you have any questions about this, please call WDS Customer Service at 1-800-554-1907.](#)

Following is a list of your covered services according to type of service and your cost share. Note: Your plan includes the services in Class I, Class II, and Class III listed below.

CLASS I: <i>You are covered at 100% with no deductible</i>	CLASS II: <i>You are covered at 50% subject to the calendar year deductible*</i>	CLASS III: <i>You are covered at 30% subject to the calendar year deductible*</i>
Preventive and diagnostic care	Basic dental expenses	Major expenses
Routine exams and cleanings <i>(twice in a benefit period)</i> Fluoride treatment for adults and children <i>(twice in a benefit period)</i> Sealants <i>(once per tooth every two years)</i> Dental X-rays	Fillings Oral surgery Endodontics <i>(i.e. root canal therapy)</i> Periodontics	Crowns, implants, and onlays Dentures, bridges, and partials Repair and adjustment to prosthetic devices Nightguards—under certain conditions of oral health <i>(must be approved)</i>

*Class II and Class III are subject to a \$50 per person calendar year deductible (\$150 per family calendar year deductible maximum)

MONTHLY RATES			
Subscriber	Subscriber and Spouse	Subscriber and Child(ren)	Subscriber and Family
\$51.46	\$97.13	\$90.82	\$136.49



Please note that the above information is a summary of the features of Washington Dental Service benefits. It is not a contract. Rates renew annually on May 1, regardless of your enrollment date.

General Limitations and Exclusions

- ✓ Dentistry for cosmetic reasons
- ✓ Restorations or appliances necessary to correct vertical dimension or to restore the occlusion. Such procedures include restoration of tooth structure lost from attrition, abrasion, or erosion, and restorations for malalignment of teeth
- ✓ Application of desensitizing agents
- ✓ Experimental services or supplies
- ✓ General anesthesia/intravenous (deep) sedation, except as specified by WDS for certain oral, periodontal, or endodontic surgical procedures
- ✓ Analgesics such as nitrous oxide, conscious sedation, euphoric drugs, injections, or prescription drugs
- ✓ In the event an eligible person fails to obtain a required examination from a WDS-appointed consultant dentist for certain treatments, no benefits shall be provided for such treatment
- ✓ Hospitalization charges and any additional fees charged by the dentist for hospital treatment
- ✓ Broken appointments
- ✓ Patient management problems
- ✓ Completing insurance forms
- ✓ Habit-breaking appliances or orthodontic services or supplies
- ✓ TMJ services or supplies
- ✓ WDS shall have the discretionary authority to determine whether services are covered benefits in accordance with the general limitations and exclusions shown in this contract, but it shall not exercise this authority arbitrarily or capriciously or in violation of the provisions of the contract
- ✓ This program does not provide benefits for services or supplies to the extent that benefits are payable for them under any motor vehicle medical, motor vehicle no-fault, uninsured motorist, underinsured motorist, personal injury protection (PIP), commercial liability, homeowner's policy, or other similar type of coverage
- ✓ All other services not specifically included in the Contract as Covered Dental Benefits
- ✓ Services for injuries or conditions that are compensable under Worker's Compensation or Employers' Liability laws, and services that are provided to the eligible person by any federal, state or provincial government agency or provided without cost to the eligible person