



Delta Dental of Washington

SUMMARY OF BENEFITS – Dental Plan B

Northwest Laborers Employers Health & Security Trust Delta Dental PPO, Program #03839

This summary is intended to provide a high level overview of your dental plan. The maximum amount payable by this plan for covered dental benefits per eligible person is \$2,000 each calendar year. This plan covers 100% of the fee schedule for Class I, II and III procedures. Please see the fee schedule sample below for some of the more frequently covered procedures. For the full fee schedule, please contact the trust office at 800-826-2102.

Diagnostic

D0120	Periodic Oral Evaluation	\$45.00
D0140	Problem Focus Evaluation	\$66.00
D0150	Comprehensive Oral Evaluation	\$66.00

Endodontics

D3220	Pulpotomy	\$103.00
D3310	Root Canal Therapy – Anterior	\$559.00
D3320	Root Canal Therapy – Bicuspid	\$663.00
D3330	Root Canal Therapy – Molar	\$853.00

X-Rays

D0210	Intraoral – complete series	\$104.00
D0220	Intraoral – periapical first film	\$21.00
D0230	Intraoral – periapical each additional	\$16.00
D0272	Bitewings – two films	\$35.00
D0274	Bitewings – four films	\$47.00
D0330	Panoramic film	\$81.00

Periodontics

D4211	Gingivectomy – per tooth	\$227.00
D4260	Osseous surgery	\$966.00
D4341	Scaling & root planing – 4+ teeth per	\$148.00
D4342	Scaling & root planing – 1-3 teeth per	\$105.00
D4910	Periodontal maintenance	\$118.00

Preventive

D1110	Prophylaxis – ages 14 and over	\$89.00
D1120	Prophylaxis – children to age 14	\$61.00
D1206	Topical application of fluoride	\$38.00
D1351	Sealant (per tooth)	\$40.00

Full Dentures and Partial Dentures

D5110	Complete Upper	\$1121.00
D5120	Complete Lower	\$1015.00
D5213	Upper Partial – cast with palatal bar	\$975.00
D5214	Lower Partial – cast with lingual bar	\$975.00
D5520	Replace missing or broken tooth	\$93.00
D5750	Reline complete denture	\$273.00
D5760	Reline partial denture	\$300.00

Restorative

D2140	Amalgam – 1 surface	\$88.00
D2150	Amalgam – 2 surface	\$120.00
D2160	Amalgam – 3 surface	\$145.00
D2161	Amalgam – 4 or more surface	\$171.00
D2330	Composite – 1 surface, anterior	\$107.00
D2331	Composite – 2 surface, anterior	\$138.00
D2332	Composite – 3 surface, anterior	\$172.00
D2335	Composite – 4 surface, anterior	\$205.00
D2391	Composite- 1 surface, posterior	\$120.00
D2392	Composite – 2 surface, posterior	\$162.00
D2393	Composite – 3 surface, posterior	\$199.00
D2394	Composite – 4 or more surface, posterior	\$231.00

Bridge Pontics

D6240	Porcelain to high noble	\$667.00
D6241	Porcelain to base	\$673.00
D6242	Porcelain to noble	\$694.00

Bridge Abutments - Crowns

D6750	Porcelain to high noble	\$685.00
D6751	Porcelain to base	\$659.00
D6752	Porcelain to noble	\$617.00

Crowns – Single Restoration

D2750	Porcelain to high noble	\$658.00
D2751	Porcelain to base	\$657.00
D2752	Porcelain to noble	\$675.00
D2790	Full cast high noble	\$651.00
D2930	Stainless steel, primary	\$160.00
D2950	Buildup, including pins	\$148.00
D2954	Prefabricated post and core	\$186.00

Oral Surgery

D7140	Single tooth	\$106.00
D7210	Surgical removal of erupted tooth	\$201.00
D7220	Removal of impacted tooth – soft tissue	\$205.00
D7230	Removal of impacted tooth – partially	\$264.00
D7240	Removal of impacted tooth – complete	\$321.00

Other Services

D9110	Palliative (emergency) treatment	\$116.00
D9220	General anesthesia	\$276.00

Dental Benefits Payment

If you receive treatment from a Delta Dental network dentist, your dental benefits will be paid as following:

- If the fee on the dental fee schedule is *higher* than the Delta Dental network dentist's negotiated fee, Delta Dental of Washington will pay that procedure based on the network dentist's negotiated fee. The Delta Dental network dentist is held to his or her negotiated fee and cannot bill you the difference.
- If the fee on the plan's dental fee schedule is *lower* than the Delta Dental network dentist's negotiated fee, Delta Dental of Washington will pay that procedure based on the dental fee schedule. You are responsible for the difference between the fee on the dental fee schedule and the network dentist's negotiated fee with Delta Dental.

You can find a Delta Dental network dentist by going to our website at www.DeltaDentalWA.com. You can choose a dentist from either the Delta Dental PPO or Delta Dental Premier network. If you seek treatment from a non-network dentist, your dental benefits payment will be based on your dentist's actual charges or the amount allowed on the dental fee schedule, whichever is less. You are responsible for any difference.

Limitations

- The following benefits are available *twice in a calendar year*: routine examinations; fluoride treatments; cleanings/prophylaxis and periodontal maintenance (for patients with advanced periodontal disease, prophylaxis or periodontal maintenance maybe covered up to four times in a calendar year).
- The following benefits are available *once in a 12-month period*: complete full mouth and panoramic x-rays, denture relines and rebases (but not both); and limited adjustments to occlusion (eight teeth or less).
- The following benefits are available *once in a 24-month period*: amalgam or composite restorations on the same surface of a tooth; stainless steel crowns; and root canal treatment.
- The following benefits are available *once in a 36-month period*: periodontal scaling and root planing (but not both).
- The following benefits are available *once in a 60-month period*: crowns and onlays; dentures and bridges; replacement of fixed bridgework (including Maryland bridges); and the replacement of an existing prosthetic but only if it is unserviceable and cannot be made serviceable, implants.
- In some cases, there may be two or more treatment options that meet the standard of care for dental needs covered by the plan. In such instances, the plan will pay the proper percentage of the lowest fee. The balance of the treatment cost remains the patient's responsibility.

Exclusions

- Analgesics such as nitrous oxide, conscious sedation and euphoric drugs or injections
- Orthodontia
- Prescription Drugs
- Orthodontic services and supplies
- Hospitalization charges or any additional fees charged by the dentist for hospital treatment
- Broken Appointments
- Behavior Management
- Dentistry for cosmetic reasons
- Crowns or restorations for anything other than decay or fracture.
- Charges for intravenous sedation or general anesthesia when billed in conjunction with any services other than covered oral surgery procedures. General Anesthesia is not a paid covered benefit except when medical necessary, for children through age six, or physically or developmentally disabled person, when in conjunction with covered dental procedures
- Charges for the replacement of a lost, missing or stolen prosthetic device, unless time limitations have been met.

Contact Information

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Customer Service toll-free (800) 554-1907, Monday – Friday 8 a.m. to 5 p.m., Pacific Time