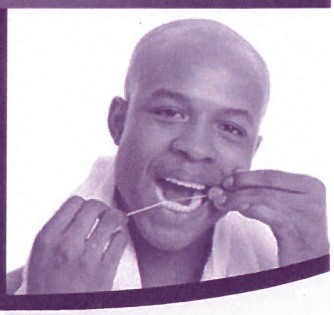
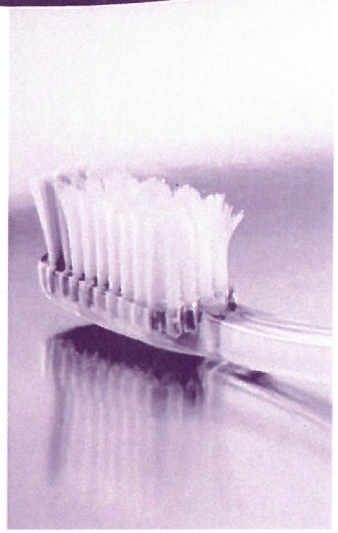
Delta Dental of Washington

Dental Plan E

Benefit Summary



Class I Benefits	**100% - 70% (paid at incentive level)**
Class II Benefits	**100% - 70% (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 100%. Each calendar year that you use your dental benefits - your "incentive level" maintains the 100% incentive/payment level. 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 Delta Dental in-network dentists. Find Delta Dental contracted dentists at 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

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*** 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.