

Your Dental Benefit Summary

2021 City of Seattle Plan- Most City

Dental Health Services



Plan Features	Your Dental Health Services Benefits
Calendar Year Deductible	\$0
Annual Maximum	No Annual Maximum
Diagnostic & Preventive (routine and emergency exams, x-rays, cleaning, fluoride treatment, sealants)	Covered at 100% after \$10 office visit copayment* for services performed by the general dentist. Member pays 20% at specialist.
Crowns, Inlays, Onlays	\$75 plus \$10 office visit copayment* (An additional amount may be charged: \$70 for noble/ \$100 for high noble/ \$125 for upgraded, specialized porcelain if applicable per unit).
Prosthetic Services (dentures, partials, bridges)	\$125 plus \$10 office visit copayment* (dentures, partials) \$75 plus \$10 office visit copayment* (bridges) (An additional: \$70 for noble/ \$100 for high noble/ \$125 for upgraded, specialized porcelain if applicable per unit).
Periodontics (surgical and nonsurgical procedures for treatment of the tissues supporting the teeth)	Covered at 100% after \$10 office visit copayment and other applicable copayments*. (\$25 copayment for periodontal scaling and periodontal maintenance at general dentist). If referred to periodontist, member pays 20%.
Endodontics (treatment of tissues surrounding root of tooth)	Covered at 100% after \$10 office visit copayment and other applicable copayments*. (\$50 for anterior, \$75 for bicuspid, or \$100 for molar root canal at general dentist). If referred to endodontist, member pays 20%.
Oral Surgery (routine and surgical extractions)	Covered at 100% after \$10 office visit copayment for general dentist. If referred to an oral surgeon, member pays 20%.
Orthodontia	Orthodontia cases for members under 25 years of age: \$1,000 copayment* plus \$150 for initial exam, study models and x-rays covers 24 months of treatment plus \$10 copayment for each visit. For Adult members age 25 and over: \$1,800 copayment* plus \$150 for initial exam, study models and x-rays covers 24 months of treatment plus \$10 copayment for each visit.
Dentist Choice	In-Network: Any contracted general dentist in the Dental Health Services network. Out-of-Network: No out-of-network coverage except for emergency dental conditions.
Temporomandibular Joint (TMJ) disorders	\$1,000 annual maximum - \$5,000 lifetime maximum
Dental Implants	Call Dental Health Services for details - not available at all locations and discounted fees apply.

* Copayments may vary depending on specific procedures. Please see plan Schedule of Covered Services and Copayments for a complete list of all benefits and applicable copayments.

This plan is offered and underwritten by Dental Health Services, Inc.

100 W. Harrison S., Suite S-440, South Tower, Seattle, WA 98119 www.dentalhealthservices.com/cityofseattle 206-788-3444