

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. 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 fillings. (Composite or filled resin restoration will be covered *up to* the amount of an amalgam filling)
- 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.

DELTA DENTAL
Washington Dental Service

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