

DENTAL PLAN COMPARISON



Washington Dental Service Core Plan I (186) *(Delta Dental Premier)*

Washington Dental Service – Managed Care (188) *(DeltaCare)*

Willamette Dental Plan 1 – Managed Care (W412)

**2009-2010
School Year**

For the Employees of the Shoreline School District

Plan Feature	Washington Dental Core Plan I (Delta Dental)	Washington Dental Managed Care Plan (Delta Dental)	Willamette Dental of Washington Plan 1 Managed Care Plan
Network Providers	Any Member Dentists' Filed Fees	Over 100 Providers General Dentistry & Specialists	27 Clinics Over 100 GP's & Specialists
Benefit Year	9/1 – 8/31	9/1 – 8/31	9/1 – 8/31
Benefit Year Maximum	\$1,750 per person	No Limit	Covered in Full All services subject to a \$15 office visit copayment
Benefit Year Deductible	No Deductible	No Deductible	No Deductible (\$15 office visit copayment)
Plan Design Diagnostic & Preventive Care (Exams, X-Rays & Cleanings)	70/80/90/100% Incentive Level	Covered in Full (Patient copayments apply to some preventive services.)	Covered in Full (\$15 office visit copayment)
Routine Care (Fillings, Oral Surgery, Root Canals, Periodontics & Endodontics)	70/80/90/100% Incentive Level	Covered in Full	Covered in Full (\$15 office visit copayment)
Onlays and Crowns	70/80/90/100% Incentive level	Patient Co-payment (Dependent on type of crown. Coverage equal to approximately 60% reimbursement.)	Covered in Full (\$50 office visit copayment)
Dentures, Bridges & Partial	50% Constant Level of Reimbursement	Patient Co-payment (Plan coverage equal to approximately 60% of cost.)	Covered in Full (\$50 office visit copayment)
Monthly Rate 10/01/2009 – 09/30/2010	\$117.45	\$64.14	\$73.05

There are no Orthodontia benefits included in any of the Shoreline School District dental plans.

This brief summary is intended to assist you in decision making. Details of covered benefits, limitations, and exclusions are provided in the Dental Plan Benefit booklets. This summary of benefits is not a contract.