

# Summary of Benefits



Shoreline School District  
All Employees

Plan ID: WEA1

Effective Date: 10/1/2011

BENEFIT	COPAYMENT
<b>Annual Maximum</b>	No Annual Maximum*
<b>Deductible</b>	No Deductible
<b>General Office Visit</b>	\$15 per Visit
<b>DIAGNOSTIC AND PREVENTIVE SERVICES</b>	
<b>Routine and Emergency Exams</b>	Covered at 100%
<b>All X-rays</b>	Covered at 100%
<b>Teeth Cleaning</b>	Covered at 100%
<b>Fluoride Treatment</b>	Covered at 100%
<b>Sealants</b>	Covered at 100%
<b>Periodontal Evaluation</b>	Covered at 100%
<b>RESTORATIVE DENTISTRY</b>	
<b>Fillings (Amalgam)</b>	Covered at 100%
<b>Stainless Steel Crown</b>	Covered at 100%
<b>Porcelain-Metal Crown</b>	\$50
<b>PROSTHETICS</b>	
<b>Complete Upper or Lower Denture</b>	\$50
<b>Bridge (per Tooth)</b>	\$50
<b>ENDODONTICS AND PERIODONTICS</b>	
<b>Root Canal Therapy</b>	Covered at 100%
<b>Root Planing (per Quadrant)</b>	Covered at 100%
<b>ORAL SURGERY</b>	
<b>Routine Extraction (Single Tooth)</b>	Covered at 100%
<b>Surgical Extraction</b>	Covered at 100%
<b>MISCELLANEOUS</b>	
<b>Nitrous Oxide</b>	Covered at 100%
<b>ORTHODONTIA</b>	
<b>Pre-Orthodontia Service</b>	Not Covered
<b>Orthodontia Plan:</b>	Not Covered
<b>Out of Area Emergency Care Reimbursement up to \$500</b>	
<b>Composite Rate: \$76.65</b>	

\*Orthognathic surgery has a benefit maximum. TMJ has a \$1,000 annual maximum and \$5,000 lifetime maximum.

\*\*Fee credited towards orthodontic copayment if patient accepts treatment plan.

## Willamette Dental of Washington, Inc.

This plan provides coverage of services and supplies to prevent diagnose and treat diseases or conditions of the teeth and supporting tissues. Presented are some of the most common procedures covered in your plan. Please see the Certificate of Coverage for a complete plan description, limitations, and exclusions.

