



Delta Dental of Washington



Program **00000000**

	Voluntary 20		
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
<b>Class I – Diagnostic &amp; Preventive</b> <u>Exams:</u> Covered twice in a calendar year <u>Cleanings:</u> Covered twice in a calendar year; patients with advanced periodontal disease may be eligible for additional cleanings <u>X-rays:</u> Bitewings covered once per year; full mouth x-rays covered once every five years <u>Sealants:</u> Covered on an unrestored molar once in a two year period (no age limit) <u>Fluoride treatment:</u> Covered twice in a calendar year (no age limit)	100%	100%	100%
<b>Class II – Restorative</b> <u>Fillings:</u> Covered on same tooth once every two years. Posterior composite (white) fillings are covered at silver filling allowance. <u>Periodontics:</u> Periodontal scaling & root planning covered once every three years <u>Endodontics:</u> Root canals covered once in a two year period <u>Oral surgery:</u> Certain limitations may apply	80%	80%	80%
<b>Class III – Major*</b> <u>Crowns &amp; Onlays:</u> Covered on same tooth once every seven years <u>Implants:</u> Covered once every seven years <u>Bridges, dentures &amp; partials:</u> Covered once every seven years	50%	50%	50%
<b>Annual Maximum per Person</b> January through December	\$2,000	\$2,000	\$2,000
<b>Deductible: Waived on Class I benefits</b> Per person/per benefit period Annual family deductible maximum	\$50 \$150	\$50 \$150	\$50 \$150

\*Important Note – There is a six month waiting period for Class III services. Participants must be enrolled in the plan for six months before coverage is provided for Class III services. This is a brief summary of benefits only. Additional limitations and exclusions apply to this plan. You will receive a benefits booklet that details the covered benefits, limitations and exclusions of your Delta Dental PPO dental benefits.



## LifeMap Choice Vision Benefits

In partnership with VSP®.

For **BIAW Health Insurance Program**

Using your LifeMap vision benefit is easy.

- **Plan Information**  
VSP Choice Network
- **Your choice**  
You can see any provider you choose, but you'll save even more with a VSP Choice Network participating provider. Visit [vsp.com](http://vsp.com) or call **1(800) 877-7195** to find a VSP doctor.
- **Schedule a visit** for your WellVision Exam®. And be sure to let them know you have VSP coverage to ensure you get the best deal.

There are no claims forms to fill out and no ID cards needed.

### Trusted network

The VSP network provides world-class services from high-caliber doctors. You also pay little out of pocket when you see an in-network eye doctor.

### Oodles of options

If you need glasses or contacts, you'll find hundreds of options at affordable prices. You can even choose from some of the latest designer frames. Please note: This policy is designed to cover visual needs, rather than cosmetic materials. If you select a non-covered service or supply, only the charges for covered services are included.

**LifeMapCo.com**  
**1 (800) 794-5390**

Benefit	Description	Copay
<b>Your Vision Coverage with LifeMap</b>		
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>• Focuses on your eyes and overall wellness</li> <li>• Every 12 months</li> </ul>	<b>\$10</b>
<b>Prescription Glasses</b>		
<b>Frame</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for a wide selection of frames</li> <li>• Every 12 months</li> </ul>	<b>\$25</b> For frame and lenses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, and lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> <li>• Every 12 months</li> </ul>	
<b>Elective Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>• \$130 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>• 15% off contact lens exam (fitting and evaluation)</li> <li>• Every 12 months</li> </ul>	<b>\$25</b>
<b>Additional Coverage</b>	<ul style="list-style-type: none"> <li>• Low vision testing</li> </ul>	
<b>Extra Savings and Discounts</b>	<b>Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>• 20% off from any VSP doctor within 12 months of your last WellVision Exam</li> </ul>
	<b>Retinal Screening</b>	<ul style="list-style-type: none"> <li>• Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam</li> </ul>
	<b>Laser Vision Correction</b>	<ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>• After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>
<b>Coverage Outside the VSP Choice Network</b>		
Visit <a href="http://vsp.com">vsp.com</a> for details if you plan to see an eye doctor outside the VSP network.		
Exam.....	up to \$45	Lined Trifocal Lenses...up to \$65
Frames.....	up to \$70	Contacts.....up to \$105
Single Vision Lenses.....	up to \$30	Low Vision Test.....up to \$125
Lined Bifocal Lenses.....	up to \$50	
<b>Limitations &amp; Exclusions</b>		
The following items are excluded under this plan:		
<ul style="list-style-type: none"> <li>• Two pairs of glasses instead of bifocals</li> <li>• Replacement of lenses, frames or contacts</li> <li>• Medical or surgical treatment</li> <li>• Orthoptics, vision training or supplemental testing</li> </ul>		
Items not covered under the contact lens coverage:		
<ul style="list-style-type: none"> <li>• Insurance policies or service agreements</li> <li>• Artistically painted or non-prescription lenses</li> <li>• Additional office visits for contact lens pathology</li> <li>• Contact lens modification, polishing or cleaning</li> </ul>		
For a complete list of benefit restrictions, please refer to your certificate.		



*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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