



A Managed Care Dental Health Plan  
Washington Dental Service

**THE BOEING COMPANY**  
**PREPAID PROVIDER PLAN – UNION SALARIED EMPLOYEES**  
Washington Dental Service  
Program No. 04200

July 1, 2008

### **Questions Regarding Your Program**

If you have questions regarding your dental benefits program, you may call:

Washington Dental Service  
DeltaCare Customer Service  
(206) 517-6329  
(800) 650-1583

You can also reach us through Internet e-mail at  
[DeltaCare@DeltaDentalWA.com](mailto:DeltaCare@DeltaDentalWA.com).

Written inquiries may be sent to:  
DeltaCare  
Washington Dental Service  
P.O. Box 75983  
Seattle, WA 98175-0983

For the most current listing of Washington Dental Service participating dentists, visit our online directory at [www.DeltaDentalWA.com](http://www.DeltaDentalWA.com) and select the Boeing 4200 option under DeltaCare.

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The terms and conditions of this coverage are set forth in a contract between your employer and Washington Dental Service. This contract is on file with your employer.

## **Welcome to your Boeing Prepaid Dental Plan #4200**

The Boeing Prepaid Dental Plan is an innovative dental plan administered by Washington Dental Service.

The Boeing Prepaid Dental Plan provides you with comprehensive dental care at a significantly lower cost than the more traditional plans you may be accustomed to. It is unique in its emphasis on preventive care. Moreover, because there are no deductibles or annual maximums when you use a prepaid dentist, you can get the care you need when you need it.

### **The health plan benefit description is incorporated as part of the Boeing Summary Plan Description.**

This summary plan description for this Plan is the combination of:

- The Boeing Company Health & Welfare Plans booklet for the eligible population
- Any applicable provider directory
- This coverage-specific brochure issued by Washington Dental Service

### **Boeing Service Center for Health and Welfare Plans**

For detailed information concerning employee and dependent eligibility or enrollment, contributions, coverage terminations, leaves of absence provisions, eligibility reviews and appeal, Qualified Medical Child Support Orders (QMCSO), ERISA Special Disclosures and other general plan information, refer to The Boeing Health and Welfare Plans Summary Plan Description, (which supercedes any eligibility information contained in this document), or contact the plan administrator at:

Automated Phone System Seven days a week, 24 hours a day

1-888-747-2016

1-800-855-8220 (hearing impaired)

847-883-0746 (if calling from overseas)

Boeing Service Center Representatives – Available through the above numbers, Monday through Friday

9 a.m. to 8 p.m. Eastern time,

8 a.m. to 7 p.m. Central time,

7 a.m. to 6 p.m. Mountain Time and

6 a.m. to 5 p.m. Pacific Time

Your password is needed whenever you use the Boeing Service Center automated phone system.

### **Eligible Employee Groups:**

Society of Professional Engineering Employees in Aerospace, Professional/Engineering Unit
Society of Professional Engineering Employees in Aerospace, Technical Unit
Society of Professional Engineering Employees in Aerospace, Wichita Technical and Professional Unit
Society of Professional Engineering Employees in Aerospace, Wichita Engineering Unit
Society of Professional Engineering Employees in Aerospace, Engineering Unit, Engineers, Florida
Lazy B Pilots Association

### **New Enrollees & Late Enrollment**

Eligibility to participate in the plan is effective as determined by your employer. If you decline enrollment when first eligible and later wish to enroll yourself or dependents as a result of marriage, birth or adoption or other qualified change in status, your request for enrollment must be submitted to your employer within 30 days, or the timeframe established by your employer, if your employer allows more than 30 days for this type of change.

### **An Excellent Network of Quality Providers**

As a DeltaCare member, you will choose a primary care dentist from the DeltaCare network. He or she will coordinate your dental care. DeltaCare dentists meet both the strict credentialing standards of the National Committee for Quality Assurance (NCQA) and Washington Dental Service's criteria for practice management.

### **Low Out-of-pocket Costs**

The majority of required dental services are provided at no cost to you under the Boeing Prepaid Dental Plan. However, there are limitations and exclusions that will define your benefits. If you elect to upgrade your treatment, you will be responsible for the cost differential and will pay the difference directly to your dentist.

### **No Annual Maximums or Network Deductibles**

Unlike most traditional dental plans, there are no annual maximums or deductibles when you receive care from your selected primary care dentist.

### **The Boeing Prepaid Dental Plan Is Easy to Use**

Simply contact your primary care dentist and receive treatment. There are never any claim forms for you to complete when you visit your primary care dentist or a specialist to whom your primary care dentist refers you.

*No services will be covered unless obtained from an assigned primary care dentist or designated referral dentist.*

## **Plan Information**

### **Provider Selection**

The employee must select a participating dentist at the time of enrollment. Thereafter, all covered dental services except orthodontia will be provided to the employee and each of his or her eligible dependents by the selected provider. If you are a new enrollee, we have made every attempt to assign you to your dentist of choice. If the dentist/dental office on your card is not the dentist you have selected, you may contact the DeltaCare unit at 1(800) 650-1583 to verify that we received the original information or to discuss additional options.

### **Identification Cards**

Each newly eligible member receives an identification card that lists the subscriber's name and group number, as well as the DeltaCare dentist's name, address and telephone number.

The patient should show this card upon arrival for an appointment. However, please note that eligibility is not based exclusively on the presentation or lack of an identification card. Your dental office should check its most recent list to verify eligibility. If a member's name does not appear on the most recent eligibility list, the dental office may contact the DeltaCare unit for eligibility confirmation.

New identification cards will be issued when the eligible member contacts DeltaCare and selects a new dentist. You may also contact DeltaCare at 1 (800) 650-1583 for replacement of lost ID cards.

### **Changing Dentists**

To obtain a list of current dentists, please contact the DeltaCare unit at 1-(800)-650-1583. The employee may elect to transfer to another participating dentist by contacting Washington Dental Service. If the selection is made prior to the 25<sup>th</sup> of the month, it will be effective the first of the following month. The DeltaCare customer service representative will confirm the effective date.

### **Dentist Deletion**

Washington Dental Service contracts with private dental offices to participate in the DeltaCare program. For various reasons, these contracts are sometimes terminated. In that event, DeltaCare will attempt to contract with another dentist in the same area. You will be notified of the change in dentists, along with an effective date and current list of open providers. You will have the option to remain with the dentist we select, or select another DeltaCare dentist.

### **Necessary vs. Not Covered Treatment**

The DeltaCare dentist will inform the patient of services that are covered benefits. Not all necessary treatment is covered, and there may be additional charges. The majority of required dental services are provided at no cost to the patient under the DeltaCare Plan. However, there are certain treatments that, according to the contract between The Boeing Company and Washington Dental Service, remain the responsibility of the patient. Patients may contact the DeltaCare unit at Washington Dental Service at (206) 517-6329 or toll free at 1-(800) 650-1583 with questions.

### **Elective Care**

In all cases where there are alternative methods considered equally effective for the treatment of a condition, this plan shall cover the procedure that is least expensive. If the eligible person elects the more costly service, the dentist may charge the patient for the cost difference between the two procedures.

### **Referral Process**

Specific procedures may be referred to a plan specialist. Your primary care dentist will determine the need for the referral and refer you to a plan specialist in your area.

### **Urgent Care**

The Panel Dentist shall provide urgent dental care for a covered procedure that is required if an enrollee is within 35 miles of the office of the Panel Dentist. If an enrollee requires urgent dental care and is more than 35 miles from the office of the Panel Dentist, the Plan shall reimburse the enrollee for the cost of such urgent dental care up to \$100 maximum per 12 month calendar year. Urgent dental care shall be limited to listed procedures, and/or as described, "Palliative (emergency) treatment of dental pain under the conditions of which the enrollee can be screened and adequately stabilized to allow for further treatment from the enrollee's assigned dentist. Any further treatment of the cause of such urgent dental care would require pre-authorization from the Plan provided it is practical according to a prudent layperson if the care is to be performed by a non-panel dentist. In cases which require immediate additional care beyond stabilization and palliative treatment, the Plan will carefully review and consider additional reimbursable coverage beyond the \$100 maximum and according to the standard list of covered benefits under the plan.

## **Emergency Care**

DeltaCare Dental Plan primary dentists have made provisions for delivering emergency care. Emergency care is available 24 hours a day, 365 days a year. Treatment of emergency dental care, those rare dental health instances that may be life threatening or cause severe bodily injury, shall not require pre-authorization if a prudent layperson acting reasonably would believe that such an emergency condition exists. DeltaCare would encourage the enrollee to seek a pre-authorization from DeltaCare for such emergency care if at all practical, but would not require pre-authorization if the treatment is a listed procedure under the terms of coverage. The enrollee should notify DeltaCare after receiving emergency dental care within 15 days, or when practical, as to the extent of such emergency dental treatment.

## **Orthodontic Care**

Orthodontic care may be obtained from any licensed dentist. The lifetime maximum is \$2,000 and will be paid on a fee-for-service basis at the 50% level. You must return to your DeltaCare dentist for any additional treatment your orthodontist recommends.

## **Grievance Resolution**

We urge you to communicate directly with your DeltaCare dentist if you are dissatisfied with the service provided. We are confident that your DeltaCare dentist will welcome the opportunity to address your questions and concerns. If you are still dissatisfied, please contact DeltaCare Customer Service at 1 (800) 650-1583. A customer service representative will be available to assist you.

## **Member Rights and Responsibilities**

### **As a DeltaCare member, you have the right to:**

- Be provided with appropriate information about DeltaCare and its benefits, providers and policies
- Be informed of your diagnosis, the proposed treatment and prognosis by your dentist
- Give informed consent before beginning any dental treatment and be made aware of the consequences of refusing treatment
- Obtain a copy of your dental record, in accordance with the law
- Be treated with respect and have your dignity and need for privacy recognized

### **You have the responsibility to:**

- Ask questions in order to understand your dental condition and treatment, and follow instructions for recommended treatment given by providers
- Provide dentists with the information necessary to care for you
- Be familiar with DeltaCare benefits, policies and procedures by reading the plan's written materials or calling the DeltaCare unit at Washington Dental Service

- Understand and follow dental office policy on late cancellations, broken appointments and scheduling

### **Coordination of Benefits**

This contract shall always be considered primary for all covered dental benefits except orthodontics, which will be processed according to the order of benefit payment indicated below.

- The benefits of the plan that does not have a coordination of benefits provision shall be primary (the plan whose benefits are determined first).
- The benefits of the plan that covers the person as an active employee shall be determined before the benefits of a plan which covers the person as a dependent.
- If the person is a child whose parents are not separated or divorced, the plan covering the parent whose month and day of birth occurs earlier in the calendar year.
- If the child has parents who are separated or divorced, then the order of benefits are as follows:
  - The plan of the parent with custody
  - The plan of the new spouse of the parent with custody
  - The plan of the parent without custody
  - The plan of the new spouse of the parent without custody
- However, if the court decrees financial responsibility for the child's health care, the plan of the parent with the financial responsibility is the primary plan.
- Benefits under DeltaCare will not be coordinated with benefits paid under any other group plan offered by The Boeing Company.

### **Subrogation**

To the extent of any amounts paid by the participating plan for an eligible person on account of services made necessary by an injury to or condition of his or her person, participating plan shall be subrogated to his or her rights against any third party liable for the injury or condition. Participating plan shall however, not be obligated to pay for such services unless and until the eligible person, or someone legally qualified and authorized to act for him or her, agrees to:

- Include those amounts in any insurance claim or in any liability claim made against the third party for the injury or condition;
- Repay Participating Plan those amounts included in the claim from the excess received by the injured party after full compensation for the loss is received;
- Cooperate fully with Participating Plan in asserting its rights under the contract, to supply Participating Plan with any and all information and execute any and all instruments Participating Plan reasonably needs for that purpose.

Provided the injured party is in compliance with the above, Participating Plan will prorate any attorneys' fees incurred in the recovery.

What this means is that if an eligible person receives this program's benefits for an injury or condition possibly caused by another person, he or she must include in his or her insurance claim or liability claim the amount of these benefits. After he or she has been fully compensated for his or her loss, any money recovered in excess of that loss must be used to reimburse Participating Plan.

Participating Plan shall prorate any attorneys' fees against the amount owed to Participating Plan.

### **Initial Claims/Predeterminations**

Initial claim determination will be performed on all properly submitted claims within 30 days of receipt (predeterminations will be 15 days). A 15-day extension is available if the claim determination is delayed for reasons beyond our control. In that case we will notify the subscriber.

If a claim is denied, in whole or part, the eligible person will be given a written notice of an adverse benefit determination that will include:

- The specific reason or reasons for the denial
- Reference to the specific plan provisions on which the denial is based
- A description of any additional material or information necessary to process the claim
- The appropriate information as to the steps to be taken for an appeal

### **Member Appeal Rights**

Should a claim/predetermination be denied, in whole or in part, the eligible person has a right to a full and fair review. The request to have a denied claim reviewed may be submitted orally or in writing and within 180 days from the date the claim was denied. Further consideration will not be allowed after 180 days. A final benefit determination will be made within 30 days (predeterminations will be 15 days) following receipt of an appeal. In the case of an urgent claim, Washington Dental Service will notify you of its decision within 72 hours. An appeal must include name, identification number, group number, claim number, and dentist's name as shown on the Explanation of Benefits.

Send your appeal to:

Washington Dental Service  
DeltaCare  
Appeals/Customer Service  
Post Office Box 75983  
Seattle, WA 98175-0983

Written comments, documents or other information may be submitted in support of an appeal.

## **Legal Action**

If you do not agree with the determination of the service representative (Washington Dental Service), Boeing Service Center, or Employee Benefit Plans Committee, you have the right to initiate a lawsuit under ERISA Section 502 (a). However, you first must exhaust the claim and appeal procedures described above, and must bring any legal action within two years after the rendering of the services on which the claim is based, or within two years of the date you or your dependent initially is denied participation in the plan.

## **Boeing Prepaid Plan Covered Benefits**

All covered dental services (subject to the limitations and exclusions), except out-of-area emergency care, will be provided through the plan. All necessary dental services and supplies will be provided at no cost to the employee and each eligible dependent of the employee, except for the orthodontic provisions specified below.

### **Diagnostic and Preventive**

1. **Diagnostic:** Routine examination, Comprehensive oral evaluation X-rays, emergency examination and examination by a Specialist, if referred by a Participating Provider.
2. **Preventive:** Prophylaxis (cleaning), either a regular prophylaxis or a periodontal prophylaxis, and topical application of fluoride or preventive therapies (e.g., fluoridated varnishes). Fissure sealants include topically applied acrylic, plastic or composite material used to seal developmental grooves and pits in teeth for the purpose of preventing dental decay.
3. **Restorative:** Restoration of carious (decayed) teeth to a state of functional acceptability either utilizing filling materials such as amalgam, silicate, plastic; or glass ionomer or with crowns, inlays or onlays (whether they are gold, porcelain, plastic, gold substitute castings or combinations thereof).
4. **Oral Surgery:** Removal of teeth and surgical procedures. Services covered include surgical and non-surgical extractions, preparation of the alveolar ridge and soft tissues of the mouth for insertion of dentures; ridge extension for insertion of dentures (vestibuloplasty); treatment of pathological conditions and traumatic facial injuries; and general anesthesia when administered by a Participating Provider or referred specialist in connection with a covered oral surgery procedure.

5. **Periodontics**: Surgical and non-surgical procedures for treatment of the tissues supporting the teeth. Services covered include root planing, subgingival curettage, gingivectomy and minor adjustments to occlusion such as smoothing of teeth or reducing cusps.
6. **Endodontics**: Procedures for pulpal and root canal therapy. Services covered include pulp exposure treatment, pulpotomy and apicoectomy.
7. **Pedodontics**: Space maintainers when used to maintain space only.
8. **Prosthodontics**: Dentures, replacement bridges, partial dentures and related items, and the adjustment or repair of an existing prosthetic device.
9. **Orthodontia**: Covered orthodontic services are defined as necessary procedures, done by a licensed dentist, involving surgical or appliance therapy for movement of teeth and post-treatment retention, for treatment of malalignment of teeth and/or jaws which significantly interfere with their function. Nightguard to correct bruxism is covered.

The amounts payable by Participating Plan shall be 50% of the lesser of the Maximum Allowable Fees, or the fees actually charged for the Orthodontic treatment.

The lifetime maximum amount payable by Participating Plan for Orthodontic Benefits rendered to an Eligible Person shall be \$2,000.00. One half of the dentist's total charge, not to exceed \$1,000.00 shall be payable for the treatment during the "construction phase." Subsequent payments of Participating Plan's responsibility will be made on a quarterly basis providing the employee is eligible.

In addition to the limitations and exclusions set forth in this Appendix A, the following limitations and exclusions apply to Orthodontic Benefits:

- a. Separate charges for the cost or replacement of an Orthodontic appliance are not covered.
- b. If the plan of treatment is terminated before all treatment is completed, the Participating Plan will not cover any charges incurred after the date that the last treatment is received.
- c. If a covered person's eligibility ceases during the plan of treatment, the Participating Plan will not cover any charges incurred after the date that eligibility ceases.
- d. Orthognathic Surgery is not covered.

10. **Urgent Care:** The Panel Dentist shall provide urgent dental care for a covered procedure that is required if an enrollee is within 35 miles of the office of the Panel Dentist. If an enrollee requires urgent dental care and is more than 35 miles from the office of the Panel Dentist, the Plan shall reimburse the enrollee for the cost of such urgent dental care up to \$100 maximum per 12 month calendar year. Urgent dental care shall be limited to listed procedures, and/or as described, “Palliative (emergency) treatment of dental pain under the conditions of which the enrollee can be screened and adequately stabilized to allow for further treatment from the enrollee’s assigned dentist.

Any further treatment of the cause of such urgent dental care would require pre-authorization from the Plan provided it is practical according to a prudent layperson if the care is to be performed by a non-panel dentist. In cases which require immediate additional care beyond stabilization and palliative treatment, the Plan will carefully review and consider additional reimbursable coverage beyond the \$100 maximum and according to the standard list of covered benefits under the plan.

11. **Emergency Care:** DeltaCare Dental Plan primary dentists have made provisions for delivering emergency care. Emergency care is available 24 hours a day, 365 days a year. Treatment of emergency dental care, those rare dental health instances that may be life threatening or cause severe bodily injury, shall not require pre-authorization if a prudent layperson acting reasonably would believe that such an emergency condition exists. The Plan would encourage the enrollee to seek a pre-authorization from the Plan for such emergency care if at all practical, but would not require pre-authorization if the treatment is a listed procedure under the terms of coverage. The enrollee should notify DeltaCare after receiving emergency dental care within 15 days, or when practical, as to the extent of such emergency dental treatment.

12. **General anesthesia:** When medically necessary, for children through age 6, or a physically or developmentally disabled person, when in conjunction with covered dental procedures.

## **Limitations**

1. **Diagnostic:** Examination is covered once in a 6-month period. Charges for the review of a proposed treatment plan or case presentation by the attending Dentist are not covered. Comprehensive oral evaluation is covered once in a 3-year period as one of the two covered examinations in a Benefit Period per eligible person per dental office. Additional comprehensive oral evaluations will be allowed as routine examinations. The patient will not be responsible for any difference in cost when services are provided by a DeltaCare Dentist. Complete mouth or panorex x-rays are covered once in a 36 month period. Supplementary bitewing x-rays are covered once in a 12 month period. Study and diagnostic models and caries susceptibility tests are not covered.
2. **Preventive:** Prophylaxis (cleaning), either a regular prophylaxis or a periodontic prophylaxis is covered once in a 4 month period. Topical application of fluoride or preventive therapies, but not both is covered once in a 6 month period, up to the patient's 19<sup>th</sup> birthday. Home fluoride kits, cleaning of a prosthetic appliance, plaque control, oral hygiene or dietary instructions are not covered.

Fissure sealants include the application of sealants only to permanent molar teeth with the occlusal surfaces intact, no caries (decay), and with no restorations and are available only for children up to the age of 14. Fissure sealants do not include any repair or replacement of a sealant on any tooth within 3 years of its application. Such repair or replacement is considered included in the fee for the initial placement of the sealant.

3. **Restorative:**
  - a. Restorations on the same surface or surfaces of the same tooth are covered once in a 2 year period.
  - b. Crowns, inlays or onlays on the same tooth are covered once in a 5 year period.
  - c. Stainless steel crowns are covered once in a 2 year period.
  - d. If a composite, glass ionomer or plastic restoration is placed on a posterior tooth, an amalgam allowance will be made for such procedure.
4. **Oral Surgery:** General anesthesia is covered only when administered by a dentist who meets the educational guidelines established by the Dental Quality Assurance Commission of the State of Washington in conjunction with a covered oral surgery procedure.

5. **Periodontics:** Periodontal splinting and/or crown and bridgework used in conjunction with periodontal splinting are not covered. Root planing or subgingival curettage (but not both) are covered once in a 12 month period.
6. **Endodontics:** Root canal treatment on the same tooth is covered only once in a 2 year period. Re-treatment of the same tooth is allowed when performed by a different dental office.
7. **Pedodontics:** Replacement of a space maintainer that was previously covered under the Dental Plans is not covered.
8. **Prosthodontics:** Replacement of an existing prosthetic device will be covered only if it is unserviceable and cannot be made serviceable. Services which are necessary to make such a device serviceable will be covered. Prosthetic devices will be covered only after 5 years have elapsed following any prior provision of such a device under this Prepaid Provider Plan.
  - a. **Full, immediate and overdentures:** If personalized restorations or specialized techniques are used, the patient will be responsible for that portion of the charges which exceeds the prepaid provider's Maximum Allowable Fees or the fees actually charged for the full, immediate or overdenture.

Root canal therapy performed in conjunction with overdentures is limited to 2 teeth per arch. Temporary dentures are not covered.
  - b. **Partial dentures:** If a more elaborate or precision device is used to restore the case, the patient will be responsible for that portion of the charges which exceeds the Prepaid Provider's Maximum Allowable Fees or the fees actually charged for a cast chrome and acrylic partial denture.
  - c. **Denture adjustments and relines:** Denture adjustments and relines done more than 6 months after the initial placement are covered. Subsequent relines will be covered once in a 12 month period.
  - e. **Implants:** Surgical placement or removal of implants or attachments to implants are not covered. The patient will be responsible for that portion of the charges which exceeds the Prepaid Provider's Maximum Allowable Fees or the fees actually charged for a full or partial denture.

f. **Fixed Bridges:** Fixed bridges used to replace missing teeth are considered optional treatment. The patient must pay the difference in cost between the dentist's Maximum Allowable Fees or the fees actually charged for the covered removable denture benefit and the fixed bridge. Replacement of an exact existing bridge is covered at no cost to the employee if the existing bridge cannot be made serviceable.

9. **Orthodontia:** Charges for any services or supplies which are for Orthodontic treatment (straightening of teeth) including correction or prevention of malocclusion except as specifically provided as orthodontic care for Eligible Persons, including the employee, lawful spouse or same gender domestic partner, and eligible children up to age 25 if attending school full-time or dependent on the employee for principal support.

**10.General Anesthesia:** Covered only when administered by a licensed Dentist or other WDS-approved Licensed Professional who meets the educational, credentialing and privileging guidelines established by the Dental Quality Assurance Commission of the State of Washington, when medically necessary, for children through age 6, or a physically or developmentally disabled person, when in conjunction with covered dental procedures.

### **Exclusions**

All other services not specified as Covered Dental Benefits or not specifically included in this program.

- Analgesics such as nitrous oxide, or any other euphoric drugs or prescription drugs.
- General anesthesia for non surgical procedures, except when medically necessary, for children through age 6 or a physically or developmentally disabled person, when in conjunction with covered dental procedures
- Any charge incurred while not covered under the Dental Plan, however:
  - (1) Where the Covered Dental Benefit was:
    - (i) submitted by the Eligible Person and/or Dentist to the administrative agent as part of a proposed program of dental treatment (Predetermination), or
    - (ii) if such Covered Dental Benefit was not subject to the Predetermination Procedure, and it was noted by the Dentist as required,

in advance of termination of the employee's employment, the charges for such services will not be excluded which are actually performed during the 3 calendar months following termination of the employee's employment.

- (2) In connection with the charges for a prosthetic device, which includes the abutment crowns of a partial denture, such charges will be covered if the denture impressions were taken while actively employed and covered under the Dental Plan and installed or

delivered to the Eligible Person within the 3 calendar months following termination of the Eligible Person's employment. Charges will not be covered if the denture impressions were taken before the date coverage commenced, or, if taken after the date of termination of employee's employment, unless meeting the requirements of (1) above.

- (3) In connection with the charges for a crown required for the restoration of a tooth (independent of the use of the crown in connection with a partial denture), such charges will be covered if the tooth was prepared for the crown while eligible or the crown was installed in accordance with (1) above.

- (4) The charges in connection with covered Orthodontic treatment will not be excluded if such services are actually performed during the 3 calendar months following termination of the eligible employee's employment.

- Application of desensitizing agents.
- Charges for covered dental benefits related to orthodontic care, in excess of the \$2,000 lifetime maximum benefit per each eligible person.
- Charges for laboratory examination of tissue specimen.
- Completing claim forms.
- Experimental services and supplies.

Experimental services or supplies are those whose use and acceptance as a course of dental treatment for a specific condition is still under investigation/observation. In determining whether services are experimental, WDS, in conjunction with the American Dental Association, will consider if: (1) the services are in general use in the dental community in the state of Washington; (2) the services are under continued scientific testing and research; (3) the services show a demonstrable benefit for a particular dental condition; and (4) they are proven to be safe and effective. Any individual whose claim is denied due to this experimental exclusion clause will be notified of the denial within 20 working days of receipt of a fully documented request.

Any denial of benefits by WDS on the grounds that a given procedure is deemed experimental, may be appealed to WDS. By law, WDS must respond to such appeal within 20 working days after receipt of all documentation reasonably required to make a decision. The 20 day period may be extended only with written consent of the covered individual.

- Failure to keep a scheduled dental appointment.
- Habit-breaking appliances.
- Hospitalization charges.
- Patient management problems.
- Replacement of missing posterior teeth when the patient has at least 12 posterior teeth in occlusion (three-fourths of the masticatory table).
- Services for injuries or conditions which are compensable under Worker's Compensation or Employers' Liability laws, and services which are provided to the Eligible Person by any federal or state or provincial government agency or provided without cost to the Eligible Person by any municipality, county or other political subdivision, other than medical assistance in this state, under medical assistance RCW 74.09.500, or any other state, under 42 U.S.C., Section 1396a, section 1902 of the Social Security Act.
- Services or treatment which in the opinion of the Participating Provider are not necessary for the patient's dental health.
- Services with respect to treatment of temporomandibular joints (jaw joints).
- Cosmetic dental care. Cosmetic services include, but are not limited to, laminates, veneers or tooth bleaching.
- Restorations to increase vertical dimension.
- Full mouth reconstruction (extensive treatment plans involving 10 or more crowns or units of fixed bridgework) is considered full mouth reconstruction and is not a benefit of the DeltaCare program. Benefits only for emergency care will be available until the patient is able to transfer to the alternate plan during open enrollment or by contacting the Boeing Service Center.
- Loss or theft of fixed or removable prosthetics (crowns, bridges, full or partial dentures).
- Dental expenses incurred in connection with any dental procedure started after termination of eligibility of coverage.

- Services or treatment which in the opinion of the participating provider are not necessary for the patient's dental health.
- All other services, received from any dental office other than the assigned dental office, unless expressly authorized in writing by the plan or as cited under "Emergency Care".
- Charges for replacement or repair of an Orthodontia appliance.
- No benefits shall be provided for services considered inappropriate and unnecessary, as determined by the DeltaCare Plan.

### **Specialty Care Covered Dental Benefits**

Boeing Prepaid Plan subscribers are covered for the specialty procedures, on the following pages, whether the procedures are performed by the Prepaid Provider or a specialist to whom the patient is referred to by the Prepaid Provider. DeltaCare will reimburse the Prepaid Provider or the specialist at their WDS filed fee for the specialty procedures

The specialist **must** be a WDS participating dentist.

When making referrals, send a referral form and x-rays. **Clear** instructions regarding the referral are necessary to ensure that only the specified treatment is performed.

The specialist's examination fee is the responsibility of the primary provider.

When treatment is fully completed submit a completed claim form to DeltaCare for payment.

The specialist claim form must have the Prepaid Provider's referral form attached in order for DeltaCare to make payment.

If you have questions regarding unusual circumstances, please contact the DeltaCare Unit at 1 (800) 650-1583.

### **Endodontic Procedures**

- D3330 Molar root canal filling
- D3351 Apexification/recalcification – initial visit
- D3352 Apexification/recalcification – interim visit
- D3353 Apexification/recalcification – final visit
- D3410 Apicoectomy - anterior
- D3421 Apicoectomy/periradicular surgery - bicuspid
- D3425 Apicoectomy/per, surgery molar (1<sup>st</sup> root)
- D3426 Apicoectomy/per, surgery molar (Additional root)
- D3430 Retrograde filling
- D3450 Root amputation, per root
- D3920 Hemisection

### **Periodontal Procedures**

- D4240 Gingival flap procedure (for use with covered procedure D4263,D4264)
- D4249 Crown lengthening – hard and soft tissue, by report
- D4260 Osseous surgery- four or more teeth per quad
- D4261 Osseous surgery- one to three teeth per quad
- D4263 Bone replacement graft – first site
- D4264 Bone replacement graft – each additional site in quadrant
- D4270 Pedicle soft tissue graft procedure
- D4271 Free soft tissue graft procedure

### **Oral Surgery Procedures**

- D7220 Impaction - soft tissue
- D7230 Impaction - partial bony
- D7240 Impaction - full bony
- D7241 Removal of impacted tooth, completely bony, with unusual surgical complications
- D7250 Root recovery
- D7260 Oroantral fistula closure
- D7280 Surgical exposure of impacted or unerupted tooth for ortho reasons
- D7285 Biopsy of oral tissue – hard
- D7286 Biopsy of oral tissue - soft
- D7340 Vestibuloplasty - ridge extension (secondary epithelialization)
- D7350 Vestibuloplasty - ridge extension (including soft tissue grafts, muscle re-attachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)

### **Removal of Cysts and Lesions**

- D7410 Excision of benign lesion up to 1.25 cm
- D7411 Excision of benign lesion greater than 1.25 cm
- D7440 Excision of malignant tumor up to 1.25 cm
- D7441 Excision of malignant tumor greater than 1.25 cm

### **Removal Of Cysts And Neoplasms**

- D7450 Removal of odontogenic cyst or tumor up to 1.25 cm in diameter
- D7451 Removal of odontogenic cyst or tumor greater than 1.25 cm in diameter
- D7460 Removal of nonodontogenic cyst or tumor up to 1.25 cm in diameter
- D7461 Removal of nonodontogenic cyst or tumor greater than 1.25 cm in diameter
- D7465 Destruction of lesions by physical methods, by report

### **Excision Of Bone Tissue**

- D7471 Removal of exostosis - maxilla or mandible
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibularis
- D7490 Radical resection of mandible with bone graft

### **Surgical Incision**

- D7510 Incision and drainage of abscess – intraoral soft tissue
- D7520 Incision and drainage of abscess – extraoral soft tissue
- D7530 Removal of foreign body, skin, or subcutaneous alveolar tissue
- D7540 Removal of reaction-producing foreign bodies - musculoskeletal system
- D7550 Partial ostectomy/sequestrectomy for removal of non-vital bone
- D7560 Maxillary sinusotomy for removal of tooth fragment or foreign body

### **Simple Fractures**

- D7610 Maxilla - open reduction, teeth immobilized (if present)
- D7620 Maxilla - closed reduction, teeth immobilized (if present)
- D7630 Mandible - open reduction, teeth immobilized (if present)
- D7640 Mandible - closed reduction, teeth immobilized (if present)
- D7650 Malar and/or zygomatic arch - open reduction
- D7660 Malar and/or zygomatic arch - closed reduction
- D7670 Alveolus – closed reduction, may include stabilization of teeth
- D7671 Alveolus – open reduction, may include stabilization of teeth
- D7680 Facial bones-complicated reduction with fixation and multiple surgical approaches

### **Treatment Of Fractures (Compound)**

- D7710 Maxilla - open reduction
- D7720 Maxilla - closed reduction
- D7730 Mandible - open reduction
- D7740 Mandible - closed reduction
- D7750 Malar and/or zygomatic arch - open reduction
- D7760 Malar and/or zygomatic arch - closed reduction
- D7770 Alveolus - stabilization of teeth - open reduction splinting
- D7780 Facial bones - complicated reduction with fixation and multiple surgical approaches

**Reduction Of Dislocation**

- D7810 Open reduction of dislocation
- D7820 Closed reduction of dislocation
- D7830 Manipulation under anesthesia

**Other Repair Procedures**

- D7960 Frenulectomy - separate procedure (frenectomy or frenotomy)
- D7970 Excision of hyperplastic tissue (per arch)
- D7980 Sialolithotomy
- D7981 Excision of salivary gland, by report
- D7982 Sialodochoplasty
- D9110 Palliative treatment of dental pain
- D9220 General Anesthetic, first 30 minutes



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