

# Benefit Summaries for Plan 1 & Plan 2

Benefit	Plan 1 Copayments	Plan 2 Copayments
Annual Maximum	No Annual Maximum	No Annual Maximum
Deductible	No Deductible	No Deductible
General Office Visit	You pay a \$35 Copay	You pay a \$25 Copay
Specialist Office Visit	You pay a \$35 Copay	You pay a \$30 Copay
Dental Exams and X-rays	You pay a \$0 Copay	You pay a \$0 Copay
Teeth Cleaning	You pay a \$0 Copay	You pay a \$0 Copay
Fluoride Treatment	You pay a \$0 Copay	You pay a \$15 Copay
Sealants per Tooth	You pay a \$0 Copay	You pay a \$15 Copay
Filling - Amalgam	You pay a \$45 Copay	You pay a \$25 Copay
Filling - Resin (Anterior)	You pay a \$70 Copay	You pay \$50 Copay
Filling - Resin (Posterior)	You pay \$80 Copay	You pay \$50 Copay
Stainless Steel Crown	You pay a \$90 Copay	You pay \$70 Copay
Porcelain/Metal Crown	You pay a \$500 Copay <sup>1</sup>	You pay a \$400 Copay <sup>1</sup>
Complete Upper or Lower Denture	You pay a \$600 Copay <sup>1</sup>	You pay a \$500 Copay <sup>1</sup>
Bridge (per tooth)	You pay a \$500 Copay <sup>1</sup>	You pay a \$400 Copay <sup>1</sup>
Root Canal Therapy	You pay a \$225 Copay	You pay a \$200 Copay
– Anterior Tooth		
– Bicuspid Tooth	You pay a \$325 Copay	You pay a \$225 Copay
– Molar	You pay a \$425 Copay	You pay a \$250 Copay
Osseous Surgery (per Quadrant)	You pay a \$325 Copay	You pay a \$300 Copay
Root Planing (per Quadrant)	You pay a \$100 Copay	You pay a \$75 Copay
Routine Extraction (per Tooth)	You pay a \$75 Copay	You pay a \$50 Copay
Surgical Extraction (per Tooth)	You pay a \$190 Copay	You pay a \$100 Copay
Pre-Orthodontic Service	You pay a \$150 Copay <sup>2</sup>	You pay a \$150 Copay <sup>2</sup>
Comprehensive Orthodontia	You pay a \$3,000 Copay <sup>1</sup>	You pay a \$2,800 Copay <sup>1</sup>
Nitrous Oxide Per Visit	You pay a \$40 Copay	You pay a \$40 Copay

Out of area emergency treatment is reimbursed up to \$100 minus applicable copayments.

<sup>1</sup>Benefit available after a six-month waiting period.

<sup>2</sup>Applies towards comprehensive orthodontic copayment if patient accepts treatment plan.

This is a summary of common procedures covered in the TrueCare Washington plan. The policy will control. Please refer to the policy for a complete description of benefits, limitations, and exclusions.