

 **DELTA DENTAL®**
Washington Dental Service

Washington Dental Service is a member of the Delta Dental Plans Association



Washington Dental Service pioneered the concept of employer-sponsored dental coverage back in 1954. For more than 50 years, we have been helping small and large groups take better care of their employees. Washington Dental Service specializes exclusively in dental benefits and is proud to partner with the state's largest member dentist networks to offer employees the widest choice of dentists. We also offer the most knowledgeable customer service.

Washington Dental Service is pleased to again offer five dental plan options to Washington Restaurant Association and/or Washington State Hotel & Lodging Association members. With a choice of deductible and annual coinsurance maximum amounts, you are sure to find a traditional fee-for-service or preferred provider plan that meets your coverage and budget needs. This year we are offering a new plan that includes orthodontia for children.

Plan Highlights

- As low as 50% employer contribution and 50% participation
- Requires three enrolled employees
- Domestic partnership allowed
- 12-month rate guarantee
- Free COBRA administration for H.I.H.I.T. plans
- Five plan choices
- Can be purchased separately
- \$1,000 or \$2,000 annual maximum
- New Plan VI includes orthodontia for children — 50% up to \$2,000 lifetime maximum
- Night guard coverage for all plans
- Dependents are covered through age 25

To assist you in choosing your dental care plan, a comparison of benefits that includes each of the options available to you is printed on the reverse side of this document.

For more information, please contact your broker or call H.I.H.I.T. at 1-877-892-9203.



ASSOCIATION




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H.I.H.I.T. 2010	Delta Dental Premier [†]	Delta Dental PPO		Delta Dental PPO		Delta Dental PPO		Delta Dental PPO		
	Plan I*	Plan II*		Plan IV*		Plan V		Plan VI		
Group #	644	645		645		645		645		
	Available to groups with 3 or more employees	Available to groups with 3 or more employees		Available to groups with 3 or more employees		Available to groups with 3 or more employees		Available to groups with 3 or more employees		
Annual Deductible Per Person (Waived on Class I benefits)	\$50	\$50		\$50		\$50		\$50		
Family Maximum (Waived on Class I benefits)	\$150	\$150		\$150		\$150		\$150		
Annual Maximum (Per Calendar Year)	\$1,000	\$1,000		\$1,000		\$2,000		\$2,000		
Class I - Diagnostic & Preventive	Benefit %	Benefit %		Benefit %		Benefit %		Benefit %		
		In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	
Exams	100%	100%	80%	100%	100%	100%	100%	100%	100%	
Prophys										
Fluoride										
X-Rays										
Sealants										
Class II - Restorative	Benefit %	Benefit %		Benefit %		Benefit %		Benefit %		
Restorations	80%	80%	70%	90%	80%	90%	80%	90%	80%	
Endodontics										
Periodontics										
Oral Surgery										
Class III - Major	Benefit %	Benefit %		Benefit %		Benefit %		Benefit %		
Crowns	50%	50%	40%	50%	50%	50%	50%	50%	50%	
Dentures										
Partials										
Bridges										
Implants										
Orthodontia - Children only	N/A	N/A		N/A		N/A		50% to \$2,000 lifetime maximum		
*Effective January 1, 2009: 3-month waiting period for new groups and new hires on Class III benefits on Plans I, II and IV.										
Rates										
Employee	\$53.67	\$48.58		\$52.93		\$60.26		\$60.75		
Spouse Only	\$48.05	\$43.41		\$47.36		\$53.92		\$54.35		
Child(ren) Only	\$52.69	\$47.65		\$51.94		\$59.11		\$79.33		
Spouse + Child(ren) Only	\$100.74	\$91.06		\$99.31		\$113.03		\$133.68		