Washington Dental Service Plan
October 1, 2003 - September 30, 2004

Information provided is in summary format. Any difference between the summary provided and actual contract will be settled in favor of the contract.

Plan Number	**195**		
Plan Type	**Incentive Dental Plan**		
Deductible	**$0**		
	In Network	**Out-of-Network**	**Out-of-State**
PPO Providers	**DeltaPreferred Network**	**DeltaPremier Network**	**National Delta Directory**
Class I: Diagnostic & Preventive*	**70% - 100%**	**70% - 100%**	**70% - 100%**
Class II: Restorative*	**70% - 100%**	**70% - 100%**	**70% - 100%**
Crowns & Onlays	**70% - 100%**	**50%**	**70% - 100%**
Class III: Major	**50%**	**50%**	**50%**
Annual Maximum	**$2,000**		
Dependent Age Limit	**Up to age 23**		
Predetermination Recommended For:	**Extensive procedures**		
Orthodontia	**Not covered**		
Check Your Benefits	**Click here to check your plan coverage and eligible benefits, by entering your WDS subscriber identification number (usually the member's Social Security number) and last name at this site.**		

*This plan promotes preventive care by increasing payments for covered Class I and Class II procedures by 10 percent from one benefit period to the next as long as the program is used at least once during the benefit period. This can go up to 100 percent. Crowns and onlays are covered as Class II benefits (i.e., with changing levels of coverage) as long as you see a WDS PPO provider; otherwise, crowns and onlays are covered at 50%. Class III covered procedures are paid at a constant 50 percent.