2016 Adult/family and pediatric dental coverage

Oral health is an important part of your overall health. When you select a Group Health medical plan, you can choose to add this vital dental coverage—for yourself, for your children, or for your entire family.

We’ve teamed up with Delta Dental of Washington to provide dental coverage beginning in 2016. These Delta Dental plans give you the freedom to see any dentist, with better benefits when you see a Delta Dental participating dentist. Take a look at the summary of benefits below.

An important note about pediatric coverage
Although coverage for adults aged 19 and older is optional, the federal government requires dental coverage for any person under age 19. This coverage is referred to as pediatric dental coverage. When you purchase one of our medical plans, you can fulfill this requirement in one of three ways:

1. Choose the family dental plan, which will provide coverage for you and all the members of your family enrolled in your medical plan.
2. Choose the pediatric dental plan, which will satisfy the pediatric dental coverage requirement and only cover the members of your family enrolled in your medical plan who are under age 19.
3. Purchase pediatric dental coverage from an alternate carrier, separate from our medical plan and these dental plans. This option will require you to attest that you have obtained pediatric dental coverage and would be able to provide proof of coverage if requested.

### SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>ADULT / FAMILY PLAN</th>
<th>PEDIATRIC-ONLY PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pediatric (up to age 19)</td>
<td>Adult (age 19 and older)</td>
</tr>
<tr>
<td>Delta Dental participating dentist*</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Non-participating dentist</td>
<td>100%</td>
<td>100%</td>
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<tr>
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<th>Pediatric (up to age 19)</th>
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<tbody>
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<td>Annual maximum</td>
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<td>Unlimited</td>
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<tr>
<td>Annual deductible Waived on Class I benefits</td>
<td>$75 / child</td>
<td>$50 / adult</td>
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<td>Out-of-pocket maximum</td>
<td>$350 / child</td>
<td>$700 / family**</td>
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**Diagnostic and preventive**
- Exams, prophylaxis, fluoride, X-rays, sealants: 100%
- Not applicable: 100%
- Not applicable: 100%
- $350 / child
- $700 / family**

**Restorative**
- Restorations (includes posterior composites†, endodontics, periodontics, oral surgery‡): 50%
- 50%
- 50%
- 50%
- 50%
- 50%

**Major**
- Crowns†, dentures, partials, bridges, implants and TMJ for adults over age 19: 50%
- 50%
- 50%
- 50%
- 50%
- 50%

**Orthodontia†**
- (medically necessary)
- Coinsurance: 50%
- Unlimited
- Not covered
- 50%
- Unlimited

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TMJ = temporomandibular joint
*Includes dental providers in the Delta Dental PPO** and Delta Dental Premier® networks
**For families with two or more children
†Covered for members under 19
‡Requires preauthorization

Plans are subject to approval by the Office of the Insurance Commissioner (OIC).  
Continued next page
Finding a participating dentist
These plans allow you to choose dentists from two networks: Delta Dental PPO or Delta Dental Premier. You can find a participating, in-network dentist in your area by visiting deltadentalwa.com and using the "Find a Dentist" tool.

The advantages of seeing a Delta Dental PPO or Delta Dental Premier dentist
We encourage you to see a Delta Dental network dentist because they provide treatments at discounted rates and file all claims paperwork for you. Delta Dental will pay its portion and you're only responsible for your stated deductibles, coinsurance and/or amounts in excess of the plan maximums. In most cases, you will experience the greatest out-of-pocket savings if you choose a dentist from the Delta Dental PPO network.

About using in-network and out-of-network dentists
When visiting an in-network dentist, be sure to mention that you’re covered by Delta Dental of Washington and give them your member identification number, plan name, and group number.

You are not limited to using a Delta Dental network dentist. You may use any licensed dentist. If you choose a non-participating dentist, you will be responsible for having the dentist complete your claim forms and to ensure that the claims are submitted to Delta Dental. Claim payments will be based on actual charges or Delta Dental’s maximum allowable fees for non-participating dentists, whichever is less. You’re then responsible for any balance remaining after Delta Dental pays. Unlike participating dentists, Delta Dental has no control over non-participating dentists’ charges or billing procedures.

QUESTIONS?
Call Delta Dental customer service at 1-800-554-1907 or visit deltadentalwa.com.

This is a brief summary of benefits and does not constitute a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Group Health refers to Group Health Cooperative or Group Health Options, Inc.