



2023 Family dental plan

DENTAL COVERAGE TO KEEP YOU AND YOUR FAMILY SMILING

A healthy smile is more than a sign of happiness. Did you know that research shows good oral health habits lead to better overall health? When you add a family dental plan from LifeWise Health Plan of Washington to your medical plan, you get quality coverage for your total health.

Benefits

- Access to a broad network of dentists in Washington
- Coverage for the most common dental needs
- No waiting period—you can start using your plan benefits right away
- For adults: no deductible for covered services; preventive and diagnostic services with an in-network provider are covered at no cost to you

Who is eligible for a LifeWise family dental plan?

If your medical plan covers dependents under age 19, federal law requires you to buy a pediatric dental plan from either LifeWise or another company.

You can get the LifeWise family dental plan if you live in one of the following counties:

Adams	Columbia	Island	Lincoln	Skagit	Wahkiakum
Asotin	Cowlitz	Jefferson	Mason	Skamania	Walla Walla
Benton	Douglas	King	Okanogan	Snohomish	Whatcom
Chelan	Ferry	Kittitas	Pend Oreille	Spokane	Whitman
Clallam	Garfield	Klickitat	Pierce	Stevens	Yakima
Clark	Grant	Lewis	San Juan	Thurston	

What are the costs?

Family dental plans are charged separately from medical plans.

- You will pay a \$30.97 monthly rate per child for the first three children under the age of 19. If you have more than three children covered under the plan, you won't pay a monthly rate for any of the additional children.
- For adults 19 and older, you will pay a \$36.17 monthly rate.
- After the annual deductible is met, you will be responsible for paying a part of the cost of services included in the plan until you reach the out-of-pocket maximum—this is called coinsurance. You will have a separate deductible to meet for each child covered under the plan before coinsurance begins. There is no deductible for adults on this plan.
- Once you reach the out-of-pocket maximum, the plan will pay for 100% of covered services for the rest of the year.



What will you pay?

You'll pay less when you visit a provider within the LifeWise Dental Value network. If you receive care from an out-of-network provider, there is no limit to your out-of-pocket costs.

To find an in-network provider, use the Find a Doctor tool at lifewise.com.

The following costs are for January 1 through December 31, 2023.

Annual deductible (the amount you pay before the plan starts to pay)	\$0 per calendar year, per adult \$65 per calendar year, per child
--	---

Out-of-pocket maximum for in-network coverage (under 19 years of age) (the most you will pay for covered services if you use an in-network provider)	\$350 per calendar year, per child \$700 per calendar year, for two or more children
--	---

Diagnostic and preventive: these include the most common services: routine exams, x-rays, cleanings, fluoride, and sealants

Basic: these services include fillings and emergency palliative treatment

Major (pediatric benefits only): these are usually more complex services, such as crowns, dentures, bridges, and oral surgery

Pediatric benefits (under 19 years of age)

PCY = per calendar year

Covered services	Coinsurance	
	In network	Out of network*
Diagnostic/Preventive		
Routine oral exams limited to 2 PCY		
Cleanings limited to 2 PCY		
Fluoride treatments limited to 3 PCY		
Oral hygiene instruction 2 appointments PCY, ages 8 and under	10%	30%
Complete series or panoramic x-ray once every 36 consecutive months		
Sealants permanent bicuspid and molars only		
Fixed space maintainers designed to preserve space for permanent teeth, ages 12 and under		
Basic		
Emergency palliative treatment		
Limited oral evaluations – problem-focused (emergency)		
Fillings limited to once every 24 months		
Recement or rebond permanent crowns limited to ages 12 to 19	20%	40%
Full-mouth debridement limited to once every 3 years		
Periodontal maintenance ages 13 to 19, limited to 4 PCY		
Simple extractions		
Major		
Endodontic (root canal) treatment limited to permanent teeth only		
Periodontal scaling limited to once per quadrant every 24 months, ages 13 to 19		
Oral surgery including surgical extractions		
General anesthesia or intravenous (conscious) sedation covered when necessary due to age, condition, or degree of difficulty		
Indirect crowns on permanent anterior teeth, limited to 1 every 5 years for children ages 12 to 19	50%	50%
Resin base partial denture limited to once every 3 years		
Complete dentures limited to once per lifetime		
Occlusal guard covered for bruxism, ages 12 to 19		
Orthodontics** for medically necessary conditions such as cleft lip and palate and craniofacial anomalies		

*If you visit an out-of-network provider, you'll pay the out-of-network coinsurance. You'll also be responsible for paying amounts charged above the allowable charge.

**You must get approval from your health plan before your child gets orthodontic care.

Adult benefits (age 19+)

\$1,000 annual benefit maximum PCY (for adults only)

PCY = per calendar year

Covered services	Coinsurance	
Diagnostic/Preventive	In network	Out of network*
Routine oral exams limited to 2 PCY	Covered in full	20%
Limited oral exams – problem-focused (emergency)		
Cleanings limited to 2 PCY		
Periodontal maintenance limited to 4 visits PCY		
Fluoride treatments limited to 1 PCY		
Complete series or panoramic x-ray once every 5 calendar years		
Sealants limited to once every 2 calendar years		
Basic		
Emergency palliative treatment		
Fillings limited to once every 2 calendar years	40%	60%
Periodontal scaling and root planing limited to once per quadrant every 3 calendar years		
Major	Not covered	

*If you visit an out-of-network provider, you'll pay the out-of-network coinsurance. You'll also be responsible for paying amounts charged above the allowable charge.

Definitions

Dental benefit maximum

A dental benefit maximum is the most the plan will pay toward covered dental services. Benefits for covered services with multiple treatment dates are subject to the dental benefit maximum of the calendar year in which the services are started.

Allowed amount

This is the amount providers contracted with LifeWise have agreed your health plan will pay for covered services or supplies. In-network providers cannot bill you for charges above the allowed amount. Out-of-network providers may charge more than the allowed amount and you would be responsible for paying the cost.

In-network provider

These are dentists and other healthcare providers who are contracted with LifeWise to provide services and supplies at negotiated rates (called allowed amounts). You usually pay less when seeing in-network providers.

Out-of-pocket maximum

This is the maximum amount of money you will pay for health services when you visit in-network providers. Once you've paid this amount, your plan pays 100% of the allowed amount for services received from in-network providers. This maximum does not apply when you visit out-of-network providers.

Out-of-network provider

These are dentists and other healthcare providers who have not contracted with LifeWise and have not agreed to negotiated prices. Depending on the out-of-network provider, the services could cost you more or not be covered at all by your plan.

To enroll or find out more

- Visit [lifewise.com](https://www.lifewise.com).
- Call LifeWise at **844-666-WISE (844-666-9473)**.
- **Talk to a producer**, a licensed professional also known as an agent or broker.

This is only a summary of the major benefits provided by our plan. This is not a contract. Visit [lifewise.com/summary-of-benefits](https://www.lifewise.com/summary-of-benefits) for a Summary of Benefits and medical glossary. Find out about our privacy policies at [lifewise.com/notice-of-privacy](https://www.lifewise.com/notice-of-privacy) or your member rights at [lifewise.com/policies-and-procedures](https://www.lifewise.com/policies-and-procedures).



Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجہ: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.