

Think healthy. Act healthy. Stay healthy. Your Dental Plan Options

UPDATED 2009

Good dental care plays a major role in your overall health and well-being. It is also important that dental care for you and your family be convenient and cost effective.

The Sound Partnership offers two dental plans: a preferred provider plan administered by United Concordia and a managed care dental plan offered through Willamette Dental of Washington, Inc. Highlights of both dental plans are included in this brochure. To help you better understand your dental benefits, a *Dental Plan Dictionary* has been included on page 8.

For more details about either dental plan and the benefits each provides, please contact:

United Concordia Dental Customer Service

- **1-866-850-8791** (toll-free)

or

Willamette Dental of Washington, Inc.

- **Appointments: 1-800-359-6019**
- **Customer Service: 1-800-360-1909**

You may also contact The Sound Partnership at **(253) 571-1240**.



This is intended only as a highlight of the plan—it is not a summary plan description. If there is a conflict between these highlights and the official plan documents, the official plan documents will prevail. The Sound Partnership reserves the right to amend or terminate the plan or any plan provision at any time. This is not an employment contract or a guarantee to continue employment for any length of time.

About the Dental Plans

No matter which dental plan you elect, you and your family will be protected against the high costs associated with dental care.

Who Is Eligible

You are eligible for a dental plan if you work half-time (.5 FTE) or more and you are a member of The Sound Partnership. You may choose either of the dental options offered by The Sound Partnership or you may waive coverage. If you enroll yourself in one of the plans, you may also enroll eligible family members.

Exception: You are not eligible if you are a temporary or seasonal worker or you belong to a bargaining group which has declined participation in either plan.

Eligible Family Members

Eligible family members include your spouse/domestic partner and unmarried, financially dependent children to age 25. Disabled children may be covered past the normal age limits if approved by the plan. You do not have to enroll the same family members for both medical and dental coverage.

Cost

Under the Willamette Dental of Washington, Inc. option you will pay a flat monthly contribution for yourself and any dependents regardless of how many dependents you enroll in the plan.

If you elect United Concordia, you also share in the monthly cost of coverage for yourself and any dependents. Your monthly cost will depend on how many dependents you enroll.

When Coverage Begins

To enroll yourself and eligible family members in the dental plan of your choice, you will have to complete and return an enrollment form to The Sound Partnership Office. You may enroll yourself only or you and your eligible family members. If you prefer, you may indicate on your *Benefit Enrollment Form* that you want to waive coverage all together. You can obtain a copy of the enrollment form from your office coordinator.

If you do enroll, your coverage will begin as follows:

- If you are employed on the *first working day* of the month, coverage will begin immediately.
- If you are employed on or *after the second working day* of the month, coverage will begin the first of the following month.

Changes in Family or Employment Status

In addition to annual open enrollment, you may make appropriate changes to your dental elections following a qualified change in family or employment status. For instance, you may...

- Enroll newborns within 60 days after birth and adopted children within 60 days after placement for adoption. Their coverage begins retroactive to the day they became part of your family.
- Revise your elections within 30 days after other changes in family or employment status—for example, marriage, divorce, death of a covered family member, change in employment for you or your spouse/domestic partner, or loss of other coverage.

When Coverage Ends

Coverage for you and your enrolled family members will end as stated below and as specified by the dental plan you elect:

- The last day of the calendar year in which you have elected coverage
- The last day of the month you quit work or are otherwise no longer an eligible employee; or
- The date the plan terminates.

In addition, coverage for your spouse/domestic partner will end the last day of the month in which divorce or legal separation occurs and for your children the last day of the month in which they are no longer eligible dependents.

After Coverage Ends

After coverage ends, you may elect to purchase continued dental coverage for a period of time through a federal law known as *COBRA*. Domestic partners and children of domestic partners are not eligible for *COBRA* coverage. Please contact The Sound Partnership at **(253) 571-1240** for more information about *COBRA*.

United Concordia Dental Plan

The United Concordia dental plan covers services received from any licensed dentist, including providers who belong to the United Concordia Advantage *Plus* network of participating dentists.

How the Plan Works

The United Concordia dental plan will cover services received after you meet an annual deductible (for Class II and Class III services).

What the Plan Pays

United Concordia Dental covers eligible diagnostic, preventive, basic and major services as follows:

United Concordia Dental Plan	
<i>Plan Features</i>	<i>Plan Pays</i>
Deductible (applies to Class II and Class III services)	\$50 per individual \$150 per family
Diagnostic and Preventive (Class I)	100% of covered services
Basic Services (Class II)	80% of covered services after the annual deductible
Major Services (Class III)	50% of covered services after the annual deductible
Annual maximum benefit — the most the Plan will pay in benefits each calendar year	\$2,000 per person

Diagnostic and Preventive (Class I)	Basic Services (Class II)	Major Services (Class III)
<ul style="list-style-type: none"> • Exams • X-rays • Cleanings • Fluoride Treatments • Sealants • Space Maintainers 	<ul style="list-style-type: none"> • Basic restorative • Endodontics • Non-surgical periodontics • Palliative Treatment • Repairs • Simple extractions • Surgical periodontics • Complex oral surgery • Administration of I.V. sedation and general anesthesia, when medically necessary 	<ul style="list-style-type: none"> • Inlays • Onlays • Crowns • Prosthetics (bridges, dentures) • Implants • Repairs of crowns, inlays, onlays and prosthetics

Most the Plan Will Pay in Benefits Each Calendar Year

The annual maximum benefit paid by the plan is \$2,000 per person.

United Concordia Participating Providers

While the plan pays benefits for covered services you receive from any licensed dentist, there are advantages to selecting a network dentist. Network dentists have agreed to reduce charges for the services they provide plan participants—and that could save you and the plan money. If you use a non-network dentist, you will be responsible for paying any difference between the non-network dentist's fee and the maximum allowance United Concordia will pay, in addition to any deductible or coinsurance.

You can call to request a personalized list of participating dentists near you based on your zip code. The list will be mailed directly to your home. You can also access a list of participating dentists through the United Concordia website at www.ucci.com.

From the homepage, select *Find a Dentist*, then *Advantage Plus* and then *Begin Search*.

Willamette Dental of Washington, Inc.

Willamette Dental of Washington, Inc. offers a managed care dental plan. The plan covers those services you receive from dentists and specialists practicing at Willamette Dental of Washington, Inc. offices. You may use an outside specialist if referred by a Willamette Dental provider if a specialist is not on staff to treat you. With an emphasis on prevention, your dentist will work with you and your family to maintain good dental health.

How the Plan Works

Most covered services are paid in full after you pay a \$15 copayment per office visit. There are additional copayments for some services. After three years of service with the Tacoma School District, the copayment will no longer apply, except for certain services, such as orthodontia, nitrous oxide, after-hours emergency care, out of area emergency care reimbursement and temporomandibular joints (TMJ).

What the Plan Pays

You must pay a \$15 *per office visit copayment* for non-specialists and a \$30 copayment for specialists such as an oral surgeon, endodontist or periodontist. Copayments are waived after you have three years of service with the Tacoma School District. There is an additional copayment for some services. Here is what you pay:

Willamette Dental of Washington	
Preventive and restorative services	No additional copayment
Diagnostic services	No additional copayment
Oral surgery	
Routine extractions	No additional copayment
Surgical removal	\$60 additional copayment
Periodontics	
Scale and full prophylaxis	No additional copayment
Other services	\$40 additional copayment
Endodontics	
Most services	No additional copayment
Root canals	\$75-\$225 additional copayment
Crowns	
Gold or porcelain	\$220 additional copayment
Resin or stainless	No additional copayment

Most the Plan Will Pay in Benefits Each Calendar Year

There is no benefit maximum per year except for treatment of temporomandibular joints (TMJ). The Plan pays up to \$1,000 per year to a lifetime maximum benefit amount of \$5,000 for TMJ.

Prosthetics and Bridgework

Prosthetics and bridgework require a \$220 copayment in addition to the \$15 per visit copayment. Copayments are waived after you have three years of service with the Tacoma School District. There is no additional charge for repairing and relining dentures, even during the first three years.

Orthodontic Services

Orthodontic services are paid in full after a \$400 copayment. If you have less than three years of service with the Tacoma School District, you must pay a \$15 copayment for each orthodontic visit.

Willamette Dental of Washington, Inc. Offices

Federal Way: 181 S. 333rd Street, Suite C-100

Lakewood: 9307 Bridgeport Way SW

Olympia: 3773-C Martin Way, Suite 105

Puyallup: 702 S. Hill Park Drive, Suite 201

West Tacoma: Sixth Avenue Plaze Shopping Center, 5401 6th Avenue

Tumwater: 6120 Capital Boulevard SW

Appointments: 1-800-359-6019

Customer Service: 1-800-360-1909

Dental Plan Dictionary

Calendar year: A twelve-month period beginning on January 1 and ending December 31.

Coinsurance: The percentage of covered charges participants pay as their share of covered services. For example, if the plan pays 80% of covered costs, your coinsurance is 20% (a deductible may apply).

Coordination of Benefits (COB): COB may apply when you or your family members are covered by one of The Sound Partnership dental plans and another group dental plan—for example, if you are married and your spouse/domestic partner also has dental coverage through his or her employer. If so, be sure to file claims under both plans. They may work together to pay up to, but no more than, 100% of your covered costs.

Copayment: The dollar amount you have to pay at the time you receive certain dental services or supplies.

Deductible: The portion of covered expenses that you are responsible for paying each year before the plan pays benefits is called a deductible. Once you have met the deductible, your plan begins to pay for covered services.

Maximum Allowance: The maximum dollar amount that will be allowed toward the reimbursement for any service provided for a covered dental benefit.