Your orthodontic benefits

Get Braces, and Enhance Your Smile
Orthodontic treatment is available for both children and adults.

Go to a Great Orthodontist
You’ll receive excellent care, because all of our local participating orthodontic offices are independently owned and adhere to our Quality Assurance program.

What is orthodontia?
Most people think of braces, and for most people with less-than-straight teeth, braces are a good solution. Scientifically speaking, orthodontia is the art and science of correcting deviations and malpositions of the teeth and bite. Teeth may not be in the normal biting relationship (malocclusion) because of deviations in the position of teeth or deviations in the relationship of the jaws.

See Your Savings

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Regular Fees*</th>
<th>Your Copayment**</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>D8070-</td>
<td>Full banded - child, up to age 19 - conventional</td>
<td>$4877</td>
<td>$3395</td>
<td>$1482</td>
</tr>
<tr>
<td>D8080</td>
<td>24 month treatment</td>
<td></td>
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<tr>
<td>D8090</td>
<td>Full banded - Adult - conventional 24 month</td>
<td>$4997</td>
<td>$3495</td>
<td>$1502</td>
</tr>
<tr>
<td></td>
<td>treatment</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* Regular fees were taken from the National Dental Advisory Service and reflect costs in the 50th percentile, within the 98104 Seattle zip code.
** These fees are for banding of the braces and do not reflect the cost of x-rays, study models or retainers.
### Orthodontic Limitations

The following are limitations on covered benefits.

A. Cephalometric x-rays, dental x-rays.
B. Tracings and photographs.
C. Study models.
D. Changes in treatment necessitated by accident of any kind.
E. Services which are compensable under Worker’s Compensation or employer liability laws.
F. Malocclusions too severe or mutilated which are not amenable to ideal orthodontic therapy.

### Orthodontic Exclusions

The following are not covered by your dental plan.

A. Replacement of lost or broken appliances.
B. Retreatment of orthodontic cases.
C. Treatment of a case in progress at inception of eligibility.
D. Treatment and/or surgical procedures related to cleft palate, micrognathia or microdontia.
E. Treatment related to Temporomandibular joint disturbances and/or hormonal imbalances.
F. Any dental procedures considered to be within the field of general dentistry, including but not limited to:
   1. Myofunctional therapy.
   2. General anesthetics including intravenous and inhalation sedation.
   3. Dental services of any nature performed in a hospital.
   4. Services which are compensable under Worker’s Compensation or employer liability laws.
G. Payment by Dental Health Services or any special discounted orthodontic copayment for treatment rendered or required after enrollee is no longer eligible for coverage (i.e. current premium unpaid). The cost of treatment in progress will be prorated and converted to the Orthodontist’s actual fee-for-service amount.

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**For a full list of dental and orthodontic exclusions and limitations, please reference your Schedule of Covered Services and Copayments.**