**WESTERN HEALTHCARE INSURANCE TRUST**
Group #'s – 00416-00655-00656-09556-09557-09558

***Optional Orthodontic Benefits -*** *Available Only To A Participating Employer, With 10 Or More Enrolled Employees, Who Has Agreed To Provide Orthodontic Benefits And Agreed To Contribute The Appropriate Monthly Premium.*

***The following has been added to your Benefits Booklet:***

## Reimbursement Levels for Allowable Benefits

### In Network – Delta Dental PPO Dentists

Orthodontic procedures ....................................................................................................................Constant 50%

### Out-of-Network – Non-Delta Dental PPO

Orthodontic procedures ....................................................................................................................Constant 50%

## Plan Maximum

Lifetime Orthodontic Benefits per Person.....................................................................................................$2,000

All Enrolled Employees and Enrolled Dependents are eligible for Class I, Class II, Class III Covered Dental Benefits, orthodontic benefits and temporomandibular joint (TMJ) benefits.

The annual deductible is waived for:

   ◊ Class I Covered Dental Benefits

   ◊ Orthodontic Benefits

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**Class II Sedation**

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**Limitations**

♦ General Anesthesia is a Covered Dental Benefit only in conjunction with certain covered oral surgery procedures, as determined by DDWA, or when medically necessary, for children through age six, or for a physically or developmentally disabled person, when in conjunction with Class I, II, III, TMJ or Orthodontic Covered Dental Benefits.*

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**Orthodontic Benefits for Covered Adults and Children**

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Orthodontic treatment is the appliance therapy necessary for the correction of teeth or jaws that are positioned improperly.

The lifetime maximum amount payable by DDWA for orthodontic benefits provided to an Enrolled Person shall be $2,000. Not more than $1,000 of the maximum, or one-half of DDWA's total responsibility shall be payable at the time of initial banding. The final payment of DDWA's responsibility shall be made during the 7th month following the initial banding, providing the employee is enrolled and the dependent is in compliance with the age limitation.

**Covered Dental Benefits**

♦ Fixed or removable appliance therapy for the treatment of teeth or jaws.

♦ Orthodontic records: exams (initial, periodic, comprehensive, detailed and extensive), X-rays (intraoral, extraoral, diagnostic radiographs, panoramic), diagnostic photographs, diagnostic casts (study models) or cephalometric films.

**Limitations**

- ♦ Payment is limited to:

  - ◊ Completion of the treatment plan, or any treatment that is completed through the plan's limiting age for Orthodontics, whichever occurs first.

  - ◊ Treatment received after coverage begins (claims must be timely submitted to DDWA). For orthodontia claims, the initial banding date is the treatment date considered in the timely filing.

- ♦ Treatment that began prior to the start of coverage will be prorated. Allowable payment will be calculated based on the balance of treatment costs remaining on the date of eligibility.

- ♦ In the event of termination of the treatment plan prior to completion of the case, or termination of this plan, no subsequent payments will be made for treatment incurred after such termination date.

**Exclusions**

- ♦ Charges for replacement or repair of an appliance.

- ♦ Self-Administered Orthodontics.

- ♦ No benefits shall be provided for services considered inappropriate and unnecessary, as determined by DDWA.

*It is strongly suggested that an orthodontic treatment plan be submitted to, and a Confirmation of Treatment and Cost be made by, DDWA prior to commencement of treatment. A Confirmation of Treatment and Cost is not a guarantee of payment. Additionally, payment for orthodontic benefits is based upon your eligibility. If you become ineligible prior to the subsequent payment of benefits, subsequent payment is not covered. If you have any questions about your Covered Dental Benefits or plan maximums please see the "Questions Regarding Your Plan" section on how to contact Customer Service.*

## Claim Forms

DDWA is not obligated to pay for treatment performed for which claim forms are not submitted within six months after the date of treatment or as soon as medically possible. For orthodontia claims in the initial banding, which is the date the appliance is placed, is the treatment date used to start this six-month period.