



Dental Health Services

Quality Dental Options for Your Employees



Dental Health Services prepaid plans are designed to deliver the highest quality care at an affordable cost. Benefits are easy to understand and eliminate the typical hassles of dental insurance.

We're happy to be an option for members of the Washington Restaurant Association and Washington Lodging Association, and with voluntary and sponsored options, you can offer dental to your employees no matter your budget.

- 100% voluntary and sponsored options with as few as two enrolled employees
- Low Copayments for Procedures
- No Deductibles, No Maximums & No Waiting Periods
- Coverage for pre-existing conditions
- Dentists are Quality Assured, local, & independent
- Orthodontic benefits for adults and children
- Domestic partnership allowed and dependents are covered until age 26

About Dental Health Services

Founded by Godfrey Pernell, DDS in 1974, Dental Health Services was one of the first companies to specialize in the provision of prepaid dental plans, setting industry standards in service and care. Dental Health Services remains an independently-owned company and continues to succeed with a pioneering spirit, forging new paths in dental care through conscientious service, progressive plan design, and a demanding Quality Assurance program that sets high standards and emphasizes oral health and wellness.



ASSOCIATION



www.hihittrust.com | 877-892-9203

H.I.H.I.T. Plan Options

Dental Health Services prepaid plans cover more than 300 procedures from basic prevention and cleanings to dentures, root canals, crowns and braces. Though there is no out-of-network coverage, both plans provide access to our entire network of Quality Assured Dentists.

*Employer Contribution: 50% Subscriber - 0% Dependent
Super SmartSmile can be offered on a voluntary basis
Minimum of 2 subscribers is required*

**Voluntary - DHSV
Super SmartSmile
with Specialty** **Employer Paid - DHSI
Select Plan
WA 633-2500**

| | | |
|-------------------------|---------|----------|
| Subscriber Only | \$29.18 | \$46.43 |
| Couple | \$57.02 | \$87.91 |
| Subscriber + Child(ren) | \$56.17 | \$97.99 |
| Family | \$97.45 | \$139.48 |

| Diagnostic | Copayment (savings) | Copayment (savings) | Regular Fee* |
|--|------------------------|------------------------|-----------------|
| Office Visit Charge | \$7 | \$10 | |
| D0150 comprehensive oral evaluation - new or established patient | \$5 (95%) | \$0 (100%) | \$112 |
| D0210 intra-oral complete series (including bitewings) | \$0 (100%) | \$0 (100%) | \$165 |

Preventive

| | | | |
|--|------------|------------|-------|
| D1110 prophylaxis - adult (teeth cleaning) | \$12 (91%) | \$0 (100%) | \$138 |
| D1351 sealant - per tooth | \$5 (92%) | \$0 (100%) | \$63 |

Restorative

| | | | |
|---|-------------|-------------|---------|
| D2160 amalgam - three surfaces, primary or permanent | \$48 (84%) | \$0 (100%) | \$303 |
| D2332 resin-based composite - three surfaces, anterior | \$67 (79%) | \$8 (97%) | \$318 |
| D2650 inlay - resin-based composite - one surface | \$400 (55%) | \$230 (74%) | \$883 |
| D2751 crown - porcelain fused to predominantly base metal | \$475 (65%) | \$180 (87%) | \$1,350 |

Endodontics

| | | | |
|--|-------------|-------------|---------|
| D3310 endodontic therapy, anterior tooth (excluding final restoration) | \$275 (74%) | \$90 (91%) | \$1,040 |
| D3330 endodontic therapy, molar (excluding final restoration) | \$575 (64%) | \$200 (88%) | \$1,610 |

Periodontics

| | | | |
|--|------------|------------|-------|
| D4341 periodontal scaling and root planing - four or more teeth per quadrant | \$70 (76%) | \$40 (86%) | \$289 |
| D4910 periodontal maintenance | \$40 (81%) | \$20 (91%) | \$213 |

Prosthodontics (dentures)

| | | | |
|-------------------------------------|-------------|-------------|---------|
| D5110 complete denture - maxillary | \$825 (57%) | \$220 (89%) | \$1,925 |
| D5120 complete denture - mandibular | \$825 (58%) | \$220 (89%) | \$1,960 |

Oral Surgery

| | | | |
|--|-------------|------------|-------|
| D7210 surgical removal of erupted tooth requiring removal of bone and/or section of tooth, and including elevation of mucoperiosteal flap if indicated | \$135 (63%) | \$45 (88%) | \$366 |
| D7220 removal of impacted tooth - soft tissue | \$150 (63%) | \$60 (85%) | \$400 |

Orthodontics

| | | | |
|---|---------------|---------------|-----------|
| D8080 comprehensive orthodontic treatment of the adolescent dentition | \$3,395 (45%) | \$2,500 (59%) | \$6,170** |
| D8090 comprehensive orthodontic treatment of the adult dentition | \$3,495 (45%) | \$2,500 (60%) | \$6,308** |

*Regular fees are based on the 90th percentile of the usual and customary fees for each service, per the February 2015 FAIRDATA fee information for the 98101 zip code.
** Orthodontia regular fees are based on the 90th percentile of the usual and customary fees for each service, per the 2015 NDAS fee information for the 98101 code.