

Golden West Dental Plan Comparison Chart

	County of Santa Barbara (Self-Funded)	Santa Barbara Superior Court (Fully-Insured)
Eligibility		
	<p>Permanent part-time employees are eligible for coverage.</p> <p>Late enrollment- after 30 days from start of employment, employee can only enroll during open enrollment period.</p> <p>Disenroll - can not re-enroll till Open Enrollment or a qualifying event</p> <p>If a Retiree drops the plan they can never re-enroll in a dental plan. Member can not elect dental without medical coverage.</p> <p>Extension of Benefits after dental coverage ends- If member is undergoing a course of treatment, benefits will continue for covered expenses directly related to completion of course of treatment until the date the maximum benefit has been paid or 90 days following the date of termination.</p>	<p>Only full time employees (30+ hours) are eligible. No part-time employee eligibility is mentioned.</p> <p>Late enrollment - employee can enroll after 30 days from start of employment but eligible for Class I (Preventive) services only for twelve (12) months.</p> <p>Can disenroll and re-enroll outside the open enrollment period. Member will be considered Late-entrant so will only be eligible for to Class I services (Preventive) for the first twelve (12) months unless it is a qualifying event.</p> <p>Retiree is treated as any active employee and can enroll during open enrollment or as a late entrant.</p> <p>No mention if tied to medical benefits. (NOTE: N/A - this was a rule specific to COSB)</p> <p>No coverage after date of termination except for (must be completed within 30 days of the date insurance ends):</p> <ul style="list-style-type: none"> • an appliance, or modification of it, for which the impression was taken while the person was insured under this plan, • a crown, bridge, inlay or onlay, for which the tooth was prepared while the person was insured under this plan, and • root canal treatment, if the pulp chamber is opened while the person was insured under this plan.
Deductible		
	Covered expenses incurred during the last three (3) months of the calendar year which are applied to the deductible of that calendar year will also be applied to the deductible of the following calendar year.	No deductible roll over.
Class I Services - Preventive and Diagnostic		
	<p>Oral Evaluations Two (2) oral examinations in a calendar year.</p> <p>X-Rays Bite wing - one set of four (4) in any six (6) month period.</p> <p>Full mouth including Panorex limited to one (1) set every twenty-four (24) months. Others necessary x-rays will be covered to a maximum of four (4) films every twelve (12) months.</p> <p>Prophylaxis Prophylaxis covered twice (2) times in a calendar year.</p>	<p>One evaluation is allowed in any six (6) consecutive month period.</p> <p>Four (4) films in any twelve (12) consecutive month period.</p> <p>Full mouth including bitewings or Panorex limited to once every five (5) years. Other intraoral x-rays will be covered to a maximum of four (4) periapical and two (2) occlusal every twelve (12) months.</p> <p>One (1) prophylaxis procedure is allowed once every six (6) consecutive month period.</p>
	<p>Topical fluoride treatment Limited to children up to age 14. No time limitation mentioned.</p>	Limited to children up to age 16. Once every six (6) months.

Class II - Basic Dental Services		
	<p>Space Maintenance No age limitations</p> <p>Restorative/Amalgam and Resin-based Once every twenty-four (24) months per surface.</p> <p>Gold Foil Restoration Gold foils covered</p>	<p>Initial appliance only and all adjustments in first six (6) months. Coverage for dependents up to age 16.</p> <p>Multiple restorations on one (1) surface is considered one (1) restoration - no limits.</p> <p>Not a covered benefit.</p>
Class III - Major Dental Services		
	<p>No age limitations</p> <p>Endodontics No age limitations</p> <p>Periodontics D4210, D4211(Gingivectomy/gingivoplasty): No maximum mentioned. D4240, D4241 (Gingival flap); No maximum mentioned. D4245 (Apically positioned flap): No maximum mentioned. D4260, D4261 (Osseous surgery): No maximum mentioned. D4341, D4342 (Periodontal scaling and root planing): No maximum mentioned. D4355 (Full mouth debridement): No maximum mentioned. D4910 (Periodontal maintenance): No maximum mentioned.</p> <p>Prosthodontics D5410, D5411, D5421, D5422 (Adjustments to Dentures): No maximum mentioned. D5510, D5511, D5610 - D5671 (Repair to complete or partial dentures): no maximum mentioned. D5730-D5761 (Denture relines procedure): No maximum mentioned. D5820-D5821(Interim prosthesis): no limits D5850-D5851 (Other Removable Prosthetic Services): no limits</p>	<p>Cast restoration and crowns - must be five (5) years old for replacement.</p> <p>Age not mentioned in plan.</p> <p>D4210, D4211 (Gingivectomy/gingivoplasty): Limited to once (1) every thirty-six (36) months. D4240, D4241 (Gingival flap): Limited to once (1) every thirty-six (36) months. D4245 (Apically positioned flap): Limited to once (1) every thirty-six (36) months. D4260-D4261 (Osseous surgery): Limited to once (1) every thirty-six (36) months. D4341, D4342 (Periodontal scaling and root planing): Limited to four (4) quadrants in a twenty-four (24) month period. D4355 (Full mouth debridement): limited to once in any twenty-four (24) consecutive month period. D4910 (Periodontal maintenance): One (1) prophylaxis or one (1) periodontal maintenance procedure allowed every six (6) consecutive months.</p> <p>D5410, D5411, D5421, D5422 (Adjustments to Dentures): Adjustments covered only after six (6) months from time of initial denture placement. D5510, D5511, D5610 - D5671 (Repair to complete or partial dentures): Repairs covered only after twelve (12) months from time of initial denture placement. D5730-D5761 (Denture relines procedure): Limited to once per denture in any twenty-four (24) consecutive month period. Must be more than twelve (12) months from time of initial denture placement. D5820-D5821(Interim prosthesis): Coverage for interim partial dentures limited to anterior teeth. D5850-D5851 (Other Removable Prosthetic Services): Limited to two (2) treatments per arch in any twelve (12) consecutive month period.</p>
	<p>Prosthodontics, Fixed No age limitations</p>	<p>Coverage for bridgework is limited to insured age sixteen (16) and over. Must be five (5) years old for replacement.</p>
Orthodontia		
	<p>Orthodontia claim paid in full (\$1,200) upon receipt.</p>	<p>Plan pays out in increments to the dentist.</p>
Other Services		
	<p>Prescription Drugs that are prescribed by a dentist are covered at 80%.</p>	<p>No prescription coverage on this plan</p>