

True Advantage PPO Plan

Golden West Dental & Vision provides benefits for smiles that last a lifetime!

THE PLAN THAT GIVES YOU A TRUE ADVANTAGE!

True Advantage is a Point-of-Service Dental Plan. The Plan encourages you to seek dental treatment while maintaining freedom of choice in selecting your dentist. Choice of dentists is not restricted. However, if you visit a participating dentist in the network, you will pay less out-of-pocket.

STABILITY

The True Advantage PPO Plan is underwritten by UNICARE Life & Health Insurance Company. A. M. Best Company, a leading independent analyst of insurance companies, has given UNICARE a rating of A- (Excellent), basing its opinions on the relative financial strengths and performances of insurers.

HOW DOES THE PLAN WORK?

As a PPO dental member, you are free to seek dental care from any licensed dentist or specialist. However, you will have higher out-of-pocket expenses if the dentist you choose is not part of the PPO dental network. PPO dentists have agreed to accept a negotiated rate for covered services. Participating dentists will bill the plan, so there are no claim forms that you need to complete. Once a claim has been received and processed by the plan, you will receive an Explanation of Benefits explaining your financial responsibility due to the dentist. Remember, when you use a participating PPO dentist, you will only be responsible for your annual deductible and coinsurance amounts and any non-covered services.

How to Maximize Your PPO Dental Benefits.....

- ❖ Choose a dentist from the directory. Be sure to call Member Services at (800) 995-4124 to verify that the dentist is currently participating in the PPO dental network.
- ❖ If you require care from a specialist such as an endodontist, periodontist, or oral surgeon, look in the directory under the appropriate specialty and choose one. Before making an appointment, be sure to verify that the specialist that you have selected is participating in the network by calling Member Services at (800) 995-4124. If your dentist recommends a specialist, be sure to follow the same procedure.
- ❖ When you or your enrolled family members require dental work estimated to be over \$300 in billable charges, we strongly recommend that your dentist preauthorize the services prior to treatment. By requesting preauthorization, you and your dentist are given a pretreatment estimate of payment to be made by the plan, your financial obligations and any contract exclusions and/or limitations that may apply. As a smart consumer, you want to know how much your dental treatment will cost prior to services being rendered.

HOW DO I ENROLL?

Simply complete the enclosed enrollment form. Under Dental Option Elected, choose "True Advantage PPO Plan." Be sure to sign and date at the bottom of the form. Upon enrollment you will receive a membership ID card which will identify you as a True Advantage PPO Plan member and a Certificate of Coverage explaining your dental benefits in full.

ELIGIBILITY

Employees must be actively at work and have satisfied their employer's benefits eligibility period in order to enroll in the plan. Eligible dependents include your lawful spouse and unmarried children to the age of 19 (age 23 if full-time student), and children who are dependent upon you for support due to mental or physical disability regardless of age. Note: Some group benefit contracts contain different eligibility provisions).



TIMELY ENROLLMENT

If you enroll for coverage within 31 days after your eligibility date, then your coverage will begin as follows: (a) for employees, on the first day of the month following your eligibility date; and (b) for family members, on the later of (1) the date the employee's coverage begins, or (2) the first day of the month after the family member becomes eligible. If you become eligible before the policy takes effect, coverage begins on the effective date of the policy.

LATE ENROLLMENT

If you do not enroll within 31 days after your eligibility date, you will be considered a late entrant and will only be eligible to receive Preventive & Diagnostic dental services during the first twelve months of coverage. However, you may enroll more than 31 days after your eligibility date without being considered a late entrant if you meet the requirements to enroll under SPECIAL ENROLLMENT PERIODS.

If you voluntarily choose to disenroll from coverage under this plan, and then re-enroll, you will be considered a late entrant and will only be eligible to receive Preventive & Diagnostic dental services during the first twelve months of coverage. You may re-enroll without being considered a late entrant if you meet any of the conditions listed under SPECIAL ENROLLMENT PERIODS.

SPECIAL ENROLLMENT PERIODS

You may enroll if you are eligible under any one of the circumstances set forth below:

1. You have met all of the following requirements:
 - a. You were covered under another dental plan as an individual or dependent, including coverage under a COBRA continuation.
 - b. You have lost coverage under the other dental plan wherein you were covered as an individual or dependent, or your coverage under a COBRA continuation was exhausted.
 - c. You properly file an application with the group within 31 days from the date on which you lose coverage.
2. A court has ordered coverage be provided for a spouse or dependent child under your employee dental plan and application is filed within 31 days from the date the court order is issued.
3. You have a change in family status through either marriage or the birth or adoption of a child. You may also enroll a new spouse or child at that time. You must enroll within 31 days of the marriage, birth, or adoption. Coverage will become effective as follows:
 - a. If you are enrolling following marriage, the first day of the month following the date you filed the enrollment application.
 - b. If you are enrolling following the birth or adoption of a child, as of the first day of the month following the date of birth or adoption.

Your spouse (if you are already married), who is eligible but not enrolled, may also enroll at the time of the birth or adoption of a child. Application must be made within 31 days of the birth or date of adoption; coverage will be effective as of the date of the birth or adoption.

WAITING PERIODS

Please see the enclosed Summary of Benefits for your specific plan waiting periods.

ALTERNATE BENEFIT PROVISION

All diagnosis and treatment planning is provided by your selected dental office. Occasionally, you and your dentist may consider possible alternative treatment plans. If a less expensive alternate procedure, service, or course of treatment can be performed in place of the proposed treatment to correct a dental condition, or the alternate treatment will produce a professionally satisfactory result, then the maximum eligible dental expense to be considered for payment will be the less expensive treatment. In those instances where you select an enhanced treatment plan as opposed to the benefit allowed by Golden West, you will be responsible to pay the difference between the usual fee for the enhanced treatment and the covered benefit.

COORDINATION OF BENEFITS

The purpose of this Plan is to help a person pay for his/her dental care expenses. If coverage is provided under any other plan, benefits provided under this Plan and the other plan might exceed actual expenses incurred. If this is the case, the combined benefits payable under this Plan and the other plan will not exceed the amount charged.

COVERED CHARGES

All covered dental charges must be provided by or under the direct supervision of a licensed dentist. Charges must be incurred by an insured person while they are insured in order for the charges to be covered. For a crown, bridge, or cast restoration, the charge is incurred on the date the tooth is prepared. Expense is incurred on the date you receive the service or supply for which the charge is made, except that for:

- a. Dentures and other similar appliances: all expenses are incurred on the date the master impression is made.
- b. Fixed bridges, crowns, inlays or onlays: all expenses are incurred on the date a tooth is first prepared.
- c. Root canal therapy: all expenses are incurred on the later of the dates that the pulp chamber is opened or a canal is explored to the apex.
- d. Periodontal surgery: all expenses are incurred on the date that the surgery is actually performed.

SUMMARY OF COVERED BENEFITS

Prophylaxis and Fluoride Treatments

- Prophylaxis (limited to one treatment in any six consecutive-month period). Allowance includes scaling and polishing.
- Topical application of Fluoride (limited to insured persons under age 16 and limited to one treatment in any 6 consecutive-month period).

X-Rays

- Full mouth series of at least 14 films or Panorex (limited to once in any 60 consecutive-month period).
- Bitewing films (limited to a maximum of four films in any 12 consecutive-month period).
- Other intraoral x-rays (limited to a maximum of four periapical and two occlusal in any 12 consecutive-month period).

Periodic Routine Examinations

Limited to one examination in any six consecutive-month period.

Restorative Services

- Amalgam restorations
- Synthetic restorations (Acrylic or plastic, Composite resin)
- Recement inlay, onlay, crown, bridge

Sealants

Limited to patients under the age of 16 and only for first and second molars.

Space Maintainers

Limited to insured persons under age 16 and limited to initial appliance only. Allowance includes all adjustments in the first six months after installation.

Specialist Consultations

Emergency Palliative Treatment

Oral Surgery

- Extractions
- Alveoloplasty
- Incision and drainage of abscess
- General anesthesia in conjunction with covered oral surgical procedures

Inlays/Onlays (Allowed only if tooth cannot be restored by amalgam)

Crown and Bridge (Bridgework not allowed for patients under age 16)

- Porcelain, porcelain with base metal, resin (Primary teeth limited to stainless steel only)
- Full cast base metal, 3/4 cast metal
- Cast post and core in addition to crown
- Stainless steel
- Pontics
- Pin retention, exclusive of restoration

Endodontic Services

- Root canal therapy
- Pulp capping
- Apicoectomy
- Therapeutic pulpotomy

Periodontic Services

- Root planing and scaling, per quadrant (limited to a maximum of four quadrants in any 24 consecutive-month period).
- Gingivectomy/gingivoplasty and gingival flap procedure (limited to once every 36 months)
- Osseous surgery (limited to once every 36 months)
- Perio recall
- Full mouth debridement (once every 24 months)

Prosthodontic Services

- Complete upper or lower denture
- Upper or lower partial denture
- Denture adjustments, repair
- Denture relines
- Interim partial denture (anterior teeth only), upper or lower
- Tissue Conditioning

DENTAL CARE THAT IS NOT COVERED

Duplicate Services or Supplies. Any covered services or supplies, or any services or supplies for which benefits would be provided, under any other insurance policy, health care service plan, or similar arrangement which the group sponsors.

Experimental or Investigative Procedures. Any procedures which are considered experimental or investigative or which are not widely accepted as proven and effective procedures within the organized dental community.

Workers' Compensation. Any work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise under any workers' compensation, employer's liability law or occupational disease law.

Government Programs. Services provided by, or payment made by, any local, state, county or federal government agency including Medicare and any foreign government agency.

No Charge Services. Services received for which no charge is made or for which no charge would be made in the absence of insurance coverage.

Provider Related To Insured Person. Professional services received from a person who lives in your home or who is related to you by blood or marriage.

Excess Expense. Any amounts in excess of covered dental expense or the Dental Benefit Maximums.

Professionally Acceptable Treatment. If we determine that more than one treatment plan would be considered a covered service for a dental condition, any amount exceeding the cost of the least expensive professionally acceptable treatment plan is not covered.

Treatment By An Unlicensed Dentist. Charges for treatment by other than a licensed dentist or physician, except charges for dental prophylaxis performed by a licensed dental hygienist.

Vertical Dimension and Attrition. Procedures requiring appliances or restorations (other than those for replacement of structure lost due to dental decay) that are necessary to alter, restore or maintain occlusion.

Prosthetic Replacements. Replacement of fixed or removable prosthesis for which benefits were paid, if replacement occurs within five years of the original placement, unless the prosthesis is a stayplate used during the healing period for recently extracted anterior teeth.

Crown, Inlay, Onlay Replacements. Replacement of crowns and cast restorations, if replacement occurs within five years of the original placement.

Lost or Stolen Dentures or Appliances. Replacement of existing full or partial dentures or prosthetic appliances which have been lost or stolen.

Making a spare appliance or prosthetic device.

Cosmetic Dentistry. Any services performed for cosmetic purposes, including, but not limited to facings on crowns or pontics posterior to the second bicuspid.

Nitrous oxide. Charges for nitrous oxide, Novocain, Xylocaine or any similar local anesthetic when the charge is made separately from a covered dental expense.

Personalization. Personalization of dentures or teeth, or precision attachments.

Oral surgery for or on:

Disturbances of the temporomandibular joint; fractures of the jaw; resectioning of the bone; repositioning of the teeth or bone implantation, re-implantation or transplantation, or salivary gland, duct or sinus.

Congenital or developmental malformations. Treatment of congenital or developmental malformations including but not limited to: Cleft palate; maxillary and mandibular malformations; enamel hypoplasia; or fluorosis

Treatment, services or supplies received while hospitalized as an inpatient or on an outpatient basis.

Bonding or grafting. Procedures related to bonding or grafting.

Overdentures.

Oral hygiene, plaque control, diet instruction.