

## DENTAL PLAN PROVISIONS

### Calendar Year Deductible

The calendar year deductible is the sum of covered expenses that must be incurred during a calendar year before Dental Plan benefits become payable. However, the deductible is waived for preventive services. Only covered expenses are applied toward the deductible.

There is a \$50 deductible that applies to each covered person each calendar year except:

- if covered persons of the same family (employee and eligible dependents) have had, in total, \$100 applied to the deductible during a calendar year, the deductible will be considered satisfied for all the covered family members for the remainder of that calendar year,
- covered expenses incurred during the last three months of a calendar year which are applied to the deductible for that year will also be applied to the deductible for the following calendar year.

### Predetermination of Benefits

Before starting any course of dental treatment that is expected to cost more than \$300, the attending dentist should submit the treatment plan to the Claims Administrator (address is on inside front cover) for predetermination of benefits. In addition to reviewing the appropriateness of the proposed dental treatment, the Claims Administrator will calculate the amount of benefit to be paid by the Dental Plan. The authorized treatment plan will then be promptly returned to the attending dentist with a copy sent to the employee.

### Dental Maximums

The lifetime maximum benefit that will be paid by the Dental Plan for orthodontic services is \$1,200 per covered person. Dental Plan benefits for all other covered dental services and supplies are limited to a maximum payment of \$1,500 per covered person per calendar year.

## PPO Option

The Dental Plan includes a network of preferred providers who have agreed to provide services to County participants at specified fees. In other words, when you use a preferred provider you will be assured that the dentist's fees for covered services and supplies will not exceed what the Dental Plan allows as usual and customary. And, in many cases, the agreed upon fees charged by preferred providers are less than usual and customary charges which means you and the Dental Plan will save money.

There is no special or separate enrollment necessary to take advantage of the preferred provider dental option. You may use a preferred provider whenever you choose to.

If you do not have a directory of dental preferred providers, you may obtain one from Golden West or the County's Personnel Department, Employee Benefits Division.

Please be aware that the directory changes from time to time so you should always confirm when making an appointment that the dentist is a "First Dental Health" (FDH) preferred provider. When you visit the preferred provider dentist for services, show the front desk personnel your Dental Plan I.D. card and tell them you are a member of the FDH preferred provider program.

### Covered Expenses

Covered expenses are usual and customary charges made for services and supplies included in the Dental Schedule which starts on page 6 and which are rendered by a licensed dentist or dental hygienist under the supervision of a licensed dentist.

In order to be covered, the services and supplies must be certified by the attending dentist and be determined by the Claims Administrator, to be the most cost-effective treatment for the dental condition being treated which will provide a professionally acceptable result.

Usual and customary charge limits are established using regional data on dentists' fees which are updated periodically.

## Dental Benefits

If a covered person incurs covered expenses which exceed the deductible during a calendar year, the Dental Plan will, subject to the limitations and exclusions of the Plan, pay benefits at the applicable percentage(s) set forth in the Dental Schedule which starts below, up to the dental maximum.