Dental Health Services
Addendum to Agreement

Orthodontic Prepaid Take-over Benefit

The following is an explanation of the orthodontic prepaid take-over benefit.

Benefit Effective Date:
Same as Agreement

Eligibility:
Current employee who:
- Was covered for orthodontic services with the group’s previous plan and is now enrolled with Dental Health Services, and
- Started, but not yet completed, orthodontic treatment under the previous benefit plan (case in progress), and
- The treating orthodontist will not extend, until the case is completed, the orthodontic fees/benefits of the previous plan’s or Dental Health Services’ standard orthodontic benefit.

Benefits:
- Dental Health Services will pay 50% of the remaining orthodontic fees up to $1000 lifetime maximum for 24 months of full-banded orthodontic treatment. Maximum benefit per quarter (three months) is $125.
- Payments are prorated based on the balance of orthodontist’s normal payment pattern remaining at the member’s eligibility date with Dental Health Services.
- Member may continue to go to their orthodontist who initiated treatment.
- The orthodontist must retain and allow records of the treatment to be made available at Dental Health Services’ request for verification of the diagnosis and the treatment progress.
- In order to receive payment, the orthodontist or enrollee must send a standard claim form to:
  Claims Department
  Dental Health Services
  3833 Atlantic Avenue
  Long Beach CA 90807

Exclusions:
- Patients with orthodontic treatment in progress are excluded from Dental Health Services’ standard prepaid orthodontic benefit listed on their Evidence of Coverage.
- Retreatment of orthodontic cases and other exclusions listed in Dental Health Services’ Evidence of Coverage.

Benefit Termination:
- Upon termination of treatment for any reason prior to completion of the case.
- Loss of eligibility of the dependent or subscriber.
- Termination date of the Agreement.

Revised 9-18-02
Exclusions and Limitations of Coverage
City of Pico Rivera (C3v/13) Plan

I. Fixed bridges for patients under the age of sixteen, in the presence of non-supportive periodontal tissue, when edentulous spaces are bilateral in the same arch, when replacement of more than four teeth in an arch, replacement of missing third molars, or when the prognosis is poor.

J. General anesthesia, including intravenous and inhalation sedation.

K. Dental procedures that cannot be performed in the dental office due to the general health and/or physical limitations of the member.

L. Expenses incurred for dental procedures initiated prior to member's eligibility with Dental Health Services, or after termination of eligibility.

M. Services that are reimbursed by a third party (such as the medical portion of an insurance/health plan or any other third party indemnification).

N. Extractions of non-pathologic, asymptomatic teeth, including extractions and/or surgical procedures for orthodontic reasons.

O. Setting of a fracture or dislocation, surgical procedures related to cleft palate, micrognathia or macrognathia, and surgical grafting procedures.

P. Coordination of benefits with another prepaid managed care dental plan.

Q. Orthodontic treatment of a case in progress and/or retreatment of orthodontic cases.

R. Cephalometric x-rays, tracings, photographs and orthodontic study models.

S. Replacement of lost or broken orthodontic appliances.

T. Changes in orthodontic treatment necessitated by an accident of any kind.

U. Malocclusions so severe or mutilated they are not amenable to ideal orthodontic therapy.

V. Services not specifically listed on the Schedule of Covered Services and Copayments.

Dental limitations
Restrictions on benefits are applied to the following services:

A. Treatment of dental emergencies is limited to treatment that will alleviate acute symptoms and does not cover definitive restorative treatment including, but not limited to root canal treatment and crowns.

B. Optional services: when the patient selects a plan of treatment that is considered optional or unnecessary by the attending dentist, the additional cost is the responsibility of the patient.

C. Routine teeth cleaning (prophylaxis) is limited to once every six months and full mouth x-rays are limited to one set every three years if needed.

D. Specialty referrals must be pre-approved by Dental Health Services for any treatment deemed necessary by the treating participating dentist.

E. Pre-authorization is required for all specialty services, with the exception of orthodontics.

F. Periodontal surgical procedures are limited to four quadrants every two years.

G. There are additional charges for precious/noble metals (gold).

H. Replacement will be made of any existing appliance (denture, etc.) only if it is unsatisfactory and cannot be made satisfactory. Prosthetic appliances will be replaced only after five years have elapsed from the time of delivery. Lost or stolen removable appliances are the responsibility of the enrollee.

I. Relines are limited to once per twelve months, per appliance.

J. Single unit inlays and crowns are a benefit as provided above only when the teeth cannot be adequately restored with other restorative materials.

K. The maximum benefit for pedodontic specialty care is $500 per lifetime.

Enrollees should refer to the Group Service Agreement for further information on benefit exclusions and limitations.
Health plan benefits and coverage matrix

This matrix is intended to be used to help you compare coverage benefits and is a summary only. The evidence of coverage and plan contract should be consulted for a detailed description of coverage benefits and limitations.

Deductibles: None

Lifetime maximums: The maximum benefit for pedodontic specialty care is $500 per lifetime. There are no other maximums.

Professional services - exam & preventive services: No charge for most services. Full mouth x-rays limited to every three years. Prophylaxis (cleanings) limited to every six months.

Professional services - restorative, crowns, endodontics and oral surgery services: Copayments for fillings, caps, root canals and extractions vary by procedure in the enclosed Schedule of Covered Services and Copayments.

Professional services - periodontic services: Copayments for gum treatments vary by procedure in the enclosed Schedule of Covered Services and Copayments. Surgical procedures are limited to four quads every two years.

Professional services - dentures and partial dentures: Copayments vary by procedure and appear in the enclosed Schedule of Covered Services and Copayments. Replacements limited to every five years. Relines limited to every 12 months.

Outpatient office visits: $4

Hospitalization services: Not covered

Prescription drug coverage: Not covered

Emergency health services: Not covered

Ambulance services: Not covered

Durable medical equipment: Not covered

Mental health services: Not covered

Chemical dependency services: Not covered

Home health services: Not covered