ORANGE COUNTY RISK MANAGEMENT
GROUP 10483- PLAN 723
CSEA AND CSEA MANAGERIAL CONFIDENTIAL

ELIGIBILITY REQUIREMENTS

Requirements for Orange County Dental and Vision Coverage

Orange County has established certain minimum eligibility requirements that must be met by all employees to enroll in Orange County Dental and Vision Benefits for themselves and their dependents:

You must have been hired for an anticipated period of employment of at least three months

AND

Be in a fulltime benefits eligible position

OR

You are a paid elected official.

Dependent Eligibility:

A. Your spouse, including a legally separated spouse, is eligible**.**

B. Your unmarried children under the age of 26, including stepchildren for whom you are financially responsible, and your legally adopted children who reside in your primary residence.

C. Other children who reside permanently with you, who are chiefly dependent on you for whom you have assumed legal responsibility, in place of the parent, are also eligible. Please note you must verify eligibility and provide required documentation for "other" children upon enrollment and every two years thereafter.

D. Any child described above, regardless of age, who is incapable of self-support by reason of mental or physical disability, provided he or she became disabled prior to reaching the age of 26.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are employees and Plan members, coverage for children may not be claimed under both parents.

Important: You must report changes in dependent eligibility within 30 days of the occurrence. Coverage cannot be upgraded or downgraded mid-year unless there is a qualifying event. Non-qualifying changes can be made during Open Enrollment for the following January 1.

Coordination of Benefits

Since it is not intended that the patient receive greater benefits than the actual expenses covered, the amount of benefits payable under the Plan will take into account any coverage the employee (or eligible dependent) has under other group plans. In other words, the benefits under the Plan will be coordinated with the benefits of the other group plans.

Privacy

This Plan complies with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Pre-Tax Contributions

This Plan is a component of a Section 125 Flexible Benefit Plan, subject to applicable IRS Regulations. Employee contributions required for family dental coverage will be withheld on a pre-tax basis unless the Employer is instructed otherwise.

Deadline for Filing Claims

Claims must be submitted within 90 days after the end of the Plan/calendar year in which the services were performed in order to be considered for payment. (Deadline is March 31 of the following calendar year.)

You may file your claims with The Preferred Group using the following options:

- E-mail: claims@tpgclaims.com – Please indicate County of Orange in the subject line
- Fax submission to 866-539-1394
- Mail: The Preferred Group, PO Box 15136, Albany, NY 12212

PRE-AUTHORIZATION OF BENEFITS

- When the estimated cost of the proposed dental treatment exceeds $500.00, a request for pre-authorization of benefits should be submitted before work begins.
- Submit a dental claim form that indicates the dentist's pre-treatment estimate; include related x-rays.
- After review, the dentist will be notified of the benefits payable based upon the treatment plan.
- In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.
- If the participant and dentist agree to a more expensive method of treatment than the pre-authorized benefit, the amount exceeding the pre-authorized amount will not be paid.
- If you have work done for more than $500.00 without first submitting a request for pre-authorization, your claim will be reviewed under the alternate treatment provision.
- When your dentist discusses a proposed treatment plan, make sure you clearly understand the service to be provided and its cost, before allowing the dentist to begin treatment.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility and plan limitations at the time of service. Pre-authorizations are valid only during the calendar year in which the predetermination was completed. If you do not complete the work within the calendar year, a new pre-authorization should be submitted to the plan administrator to ensure you are receiving up to date information.

How To Use This Plan

- You may use any licensed dentist for dental care. The provider will be paid at the contracted amount.
- When seeking the care of a participating provider, you must ensure they will accept plan payment in full. If a provider asks you to sign a contract for amounts above the plan allowance, you should contact The Preferred Group before doing so. If you are receiving upgraded services above the plan limitations and you sign a contract with the provider, you

will be responsible for the amount as agreed upon with the provider. The Preferred Group will not be able to intervene on your behalf.

- When you choose a non-participating dentist and are charged more than the amount listed under the Schedule of Allowances, you must pay the difference. (See Schedule of Allowances)
- Take a dental claim form with you to the dentist's office. It may be obtained from your timekeeper or the County Intranet.

MAXIMUM BENEFITS

- Each participant – the enrollee and his/her enrolled dependent(s) has an available maximum annual benefit of $4,000. The Plan, or calendar year runs January through December.
- Under this maximum benefit allowance, the Plan pays benefits up to the first $4000.00 of covered dental expenses per enrollee, per year. Note: There is a separate maximum for orthodontic services and implants.
- Participants about to undergo extensive dental treatment are advised to discuss the treatment plan with the dentist before treatment begins. (See Pre-Authorization of Benefits section). There are often less expensive alternatives available that will provide high quality dental care.
- Alternate Benefit Provision: When more than one method of treatment is available, the Plan will pay for covered expenses for the least expensive method of treatment, regardless of the treatment actually used.

EXCLUSIONS AND LIMITATIONS

Replacement of crowns and prosthetic appliances will be covered only if: In the case of bridgework or denture, the Plan must be provided with documentation that the existing bridgework or denture was inserted 5 years prior and that a repair cannot be made successfully. For a crown, proof needs to be provided that the current crown was inserted 5 years prior.

In addition to the exclusions and limitations as stated in the Orange County Dental Plan Schedule of Allowances and those listed above, this Plan does not cover:

- Charges for any type of service or appliance not described in schedule of allowances.
- Treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure.
- Services and supplies that are primarily cosmetic in nature.
- Duplicate prosthetic appliances or services.
- Dentures, crowns, inlays, bridgework, or appliances to change or maintain vertical dimension.
- Precision or other elaborate attachments or features for dentures, bridgework, or any other dental appliances.
- Any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.
- Splinting.
- Treatment covered by Workers' Compensation or similar law.
- Charges for expenses which are reimbursable through "no-fault" automobile insurance.
- Temporary dental services will be considered an integral part of the final dental service rather than a separate service.

SCHEDULE OF ALLOWANCES FOR COVERED SERVICES	
DIAGNOSTIC SERVICES	
EXAMS periodic, comprehensive (2 per calendar year)	$51.00
LIMITED EXAM (evaluation) same as palliative treatment	$51.00
DENTAL RADIOGRAPHS Intraoral complete series, including bitewings (1 per 3 years) **or Panoramic** with/without additional films (1 per 3 years) **NOTE:** Periapical and bitewing x-rays will not be covered during the same year patient receives a full series or panoramic radiograph.	$75.00
Intraoral periapical film *(10 per year max)*	$10.00
Intraoral occlusal film (2 per 3 years)	$38.00
Extraoral film (1 per year max)	$22.00
Bitewing x-ray, per film (8 per year max)	$10.00
Posterior-anterior or lateral skull/facial bone survey (1 per year)	$23.00
Cephalometric film (1 per year)	$31.00
TESTS AND LABORATORY EXAMS	
Pulp vitality test (1 per year)	$9.00
Diagnostic casts, upper and/or lower (1 per lifetime)	$25.00
PREVENTIVE SERVICES	
Dental Prophylaxis, adult-14 years and over (2 per year)	$82.00
Dental Prophylaxis, child-under age 14 (2 per year)	$61.00
Fluoride, under age 19 (2 per calendar year)	$21.00
Sealants, under age 19, per tooth covered only on bicuspids and molars in permanent dentition (1 per 3 years)	$26.00
Space maintainers, under age 19 (1 per lifetime)	
Unilateral, fixed space maintainer	$94.00
Bilateral, fixed space maintainer	$195.00
Unilateral, removable space maintainer	$117.00
Bilateral, removable space maintainer	$202.00
RESTORATIVE – FILLINGS	
RESIN-BASED /AMALGAM COMPOSITE RESTORATIONS (1 per surface per tooth per year) Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of material called resin-based composites/amalgam fillings.	
PERMANENT OR PRIMARY TEETH	
Resin-based one surface, anterior or posterior tooth	$86.00
Resin-based two surfaces, anterior or posterior tooth	$117.00
Resin-based three or more surfaces, anterior or posterior tooth	$156.00
RESTORATIVE – CROWNS AND INLAYS/ONLAYS These services are limited to permanent (not deciduous) teeth, as scheduled. Crowns and inlays are covered for the restoration of teeth which as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite material. All crown work will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion.	
CROWNS (1 per 5 years)	

Resin (permanent, anterior teeth only)	$260.00
Resin fused to metal	$533.00
Porcelain/Ceramic	$546.00
Implant/abutment supported, porcelain/ceramic	$546.00
Porcelain fused to metal	$748.00
Implant/abutment supported, porcelain fused to metal	$748.00
Full cast metal	$559.00
Implant/abutment supported, full cast metal	$559.00
INLAYS/ONLAYS (1 per 5 years)	
Inlay/onlay, one surface	$390.00
Inlay/onlay, two surface	$546.00
Inlay/onlay, three or more surfaces	$572.00
OTHER RESTORATIVE SERVICES	
Recement inlay (1 per year)	$18.00
Recement crown (1 per year)	$47.00
Stainless Steel crowns, deciduous teeth only (1 per tooth per 3 years)	$73.00
Core build-up,pin retained (1 per lifetime)	$73.00
Pin retention, per tooth (1 per year)	$34.00
Post and core, cast or prefabricated, per tooth (1 per 5 years)	$143.00
Labial veneer (laminates) (1 per 3 years)	$228.00
ENDODONTICS	
Pulp capping, direct or indirect (1 per year)	$23.00
Pulpotomy, deciduous teeth only (1 per tooth per lifetime)	$85.00
ROOT CANAL THERAPY (1 per tooth per lifetime) Root canal procedure, limited to permanent teeth, consists of the removal of all pulp contents and filling the canals of teeth having damaged pulps. Benefits are payable upon completion of the root canal therapy.	
Root canal therapy, anterior	$403.00
Root canal therapy, bicuspid	$476.00
Root canal therapy, molar	$618.00
Apicoectomy, per tooth (1 per lifetime)	$221.00
Retrograde filling, per tooth, in conjunction with apicoectomy (1 per lifetime)	$268.00
PERIODONTICS Periodontics is a specialty for treatment of diseases of the tissues, gums and bone, that support the teeth. When these services are provided, the allowance will be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for appropriateness and necessity of the planned treatment, taking into consideration the exclusions and limitations of the Plan. The treatment plan should include periodontal charting and x-rays may be requested. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. Periodontic benefits will not usually be paid for patients under age 19. Exceptions may be made, based on documented medical necessity. Retreatment of periodontal surgery, such as gingivectomy and osseous surgery, is allowed only if four years have elapsed since the previous periodontal surgery.	
Gingivectomy, per quadrant (1 per 4 years)	$325.00
Osseous surgery, per quadrant (1 per 4 years)	$520.00
Pedicle soft tissue graft (1 per 4 years)	$135.00
Free soft tissue graft, including donor site (1 per 4 years)	$135.00
Periodontal scaling, root planing, per quadrant (2 per calendar year)	$41.00

Periodontal maintenance procedure (2 per calendar year, prophylaxis or periodontal maintenance procedure)	$82.00
PROSTHODONTICS (REMOVABLE) A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. The Plan will pay for no other installation within the next 5 year period. Benefits are payable upon insertion and includes routine post- delivery care (relines, adjustments) for six months.	
COMPLETE DENTURES (1 per 5 years)	
Full upper or lower denture (permanent)	$748.00
Full upper or lower denture, implant/abutment supported	$748.00
PARTIAL DENTURES (1 per 5 years)	
Partial upper or lower denture, permanent	$780.00
Partial upper or lower denture, implant/abutment supported	$780.00
ADJUSTMENT TO DENTURES (after 6 months) (1 per year)	$18.00
REPAIRS TO FULL OR PARTIAL DENTURES	
Repair broken complete denture base (1 per year)	$62.00
Replace any number missing or broken teeth (1 per year)	$68.00
Repair cast framework (1 per year)	$62.00
Repair or replace broken clasp (1 per year)	$111.00
Add tooth to existing partial denture (1 per lifetime)	$111.00
Add clasp to existing partial denture (1 per lifetime)	$111.00
REBASE FULL DENTURE (1 per 2 years) Rebase: process of refitting a denture by replacing the base material.	
Rebase complete maxillary or mandibular full denture	$267.00
RELINE OF DENTURES (1 per 3 years) Reline: process of resurfacing the tissue side of a denture with new base material.	
Reline full denture (office or lab) (1 per 3 years)	$260.00
Reline partial denture (office or lab) (1 per 3 years)	$260.00
OTHER	
Tissue conditioning, per denture (1 per 3 years)	$68.00
Overdenture, upper or lower (1 per 5 years)	$780.00
PROSTHODONTICS (FIXED) All fixed bridge units will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge.	
PONTICS (1 per 5 years)	
Cast metal, full	$372.00
Porcelain fused to metal or ceramic	$579.00
Resin fused to metal	$488.00
ABUTMENTS (FIXED BRIDGE RETAINERS) Inlays/Onlays (1 per 5 years)	
Inlay/Onlay, two surfaces	$546.00
Inlay/Onlay, three or more surfaces	$572.00
ABUTMENTS (FIXED BRIDGE RETAINERS) CROWNS (Limited to 1 per 5 years)	
Cast metal, full	$559.00
Implant/abutment supported, cast metal	$559.00
Implant/abutment supported, porcelain fused to metal	$748.00
Implant/abutment supported, porcelain/ceramic	$546.00
Resin fused to metal	$533.00
RECEMENT BRIDGE (1 per year)	$62.00

ORAL SURGERY	
EXTRACTIONS (1 per tooth per lifetime)	
Erupted tooth or exposed root	$108.00
Surgical removal	$148.00
Soft tissue impaction	$157.00
Partial bony impaction	$217.00
Full bony impaction	$270.00
Residual roots	$124.00
OTHER ORAL SURGICAL PROCEDURES	
Surgical exposure to aid eruption (1 per lifetime)	$83.00
Biopsy of oral tissue, hard/soft tissue removal (1 per year)	$98.00
Vestibuloplasty (1 per 4 years)	$356.00
Incision and drainage, intraoral (1 per year)	$64.00
Incision and drainage, extraoral (1 per year)	$86.00
Frenulectomy (1 per lifetime)	$182.00
ORTHODONTICS PROCEDURES Orthodontic procedures are available for employees and unmarried dependent children enrolled in the Plan. Services must be rendered by a licensed dental provider and pre-authorization is mandatory.	
Lifetime orthodontic maximum per eligible person on the plan.	$4500.00
ADJUNCTIVE GENERAL SERVICES	
Palliative (emergency) treatment of dental pain (1 per year)	$51.00
General anesthesia (per covered oral surgery visit) **or Intravenous/deep sedation** (per covered oral surgery visit)	$260.00
Occlusal adjustment, limited (1 per 4 years)	$46.00
Occlusal adjustment, complete (1 per 4 years)	$182.00

Claims Administered By:
The Preferred Group
P.O. Box 15136
Albany, NY 12212-5136

For Claims Inquiries:
Telephone: 800-573-7474

Orange County Risk Management
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