



Dental Plan

Dental Claims administered by our TPA (ClaimChoice Administrators)

This benefit applies when covered dental charges are incurred by a person while covered under this Plan.

BENEFIT PAYMENT

Each Plan Year (July 1st through June 30th) benefits will be paid to a Covered Person for the dental charges in excess of the deductible amount. Payment will be made at the rate shown under Dental Percentage Payable in the Schedule of Benefits. No benefits will be paid in excess of the Maximum Benefit Amount.

DENTAL CHARGES

Dental charges are the Usual and Reasonable Charges made by a Dentist or other Physician for necessary care, appliances or other dental material listed as a covered dental service.

A dental charge is incurred on the date the service or supply for which it is made is performed or furnished. However, there are times when one overall charge is made for all or part of a course of treatment. In this case, the Claims Administrator will apportion that overall charge to each of the separate visits or treatments. The pro rata charge will be considered to be incurred as each visit or treatment is completed.

DENTAL SCHEDULE OF BENEFITS

	DenteMax Provider	Non-DenteMax Provider
CLASS I BENEFITS		
Diagnostic and Preventative Services – includes exams, cleanings, fluoride and space maintainers	80%	80%
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%
Brush Biopsy – to detect oral cancer	80%	80%
Radiographs – X-rays	80%	80%
CLASS II BENEFITS		
Major Restorative Services – includes crowns	80%	80%
Minor Restorative Services – includes fillings	80%	80%
Periodontic Services – to treat gum disease	80%	80%
Endodontic Services – includes root canals	80%	80%
Oral Surgery Services – extractions and dental surgery	80%	80%
Relines and Repairs – to bridges and dentures	80%	80%
Other Basic Services – miscellaneous services	80%	80%
CLASS III BENEFITS		
Prosthodontic Services – includes bridges, implants and dentures	80%	80%
CLASS IV BENEFITS		
Orthodontic Services – includes braces	80%	80%
Orthodontic Age Limit	To age 19	To age 19
Plan year Maximum (Class I, II and III Benefits) – per covered person per plan year	\$1,000.00	
Lifetime Maximum (Class IV Benefits) – per covered person per lifetime	\$1,300.00	

- Oral exams are payable twice in any period of 12 consecutive months
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months
- Fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19
- Space maintainers are payable for people up to age 14
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period
- Benefits for cephalometric X-rays and photographs are not limited to Orthodontics
- Benefits for diagnostics casts are not limited to Orthodontics
- Composite resin (white) restorations are Covered Services on posterior teeth
- Porcelain crowns are optional treatment on posterior teeth
- Vestibuloplasty and excision of odontogenic tumors are Covered Services
- Implants and implant related services are payable once per tooth in any five-year period
- Cast restorations (including jackets, crowns and onlays) and associated procedures (such as core buildups and post substructures) on the same tooth are payable once in any five-year period
- Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fractures
- Individual crowns over implants are payable at the prosthodontic benefit level
- Porcelain, porcelain substrate, and cast restorations are not payable for people under age 12
- An occlusal guard is a benefit once in a lifetime
- An interim partial denture is a benefit only for the replacement of permanent anterior teeth during the healing period or for people up to age 17 for missing permanent anterior teeth
- Prosthodontic (Class III) benefit limitations:
 - One complete upper or one complete lower denture are benefits once in any five-year period for any person
 - A removable partial denture, implant or fixed bridge for any person can be covered once in any five-year period unless the loss of additional teeth requires the construction of a new appliance
 - Fixed bridges and removable cast partial dentures are not payable for people under age 16
 - A relined or the complete replacement of denture base materials is limited to once in any 3-year period per appliance
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- Orthodontic (Class IV) benefit limitations:
 - Orthodontic benefits are payable for eligible people up to age 19
 - If the treatment plan is terminated before completion of the case for any reason, Dansville Public Schools' obligation will cease with payment to the date of termination
 - The dentist pay terminate treatment, with written notification to ClaimChoice and to the patient, for lack of patient interest and cooperation. In these cases, Dansville Public Schools' obligation for payment of benefits ends on the last day of the month in which the patient was last treated
 - An observation and adjustment is a benefit twice in a 12-month period

➤ Dansville Public Schools' obligation for payment of benefits ends on the last day of the month in which coverage is terminated. However, Dansville will make payment for Covered Services provided on or before the last day of the month in which coverage was terminated as long as it receives a claim for those services within one year of the date of service.

➤ When services in progress are interrupted and completed later by another Dentist, ClaimChoice will review the claim to determine the amount of payment, if any, to each Dentist.

➤ Care terminated due to the death of an eligible person will be paid to the limit of Dansville's liability for the services completed or in progress.

➤ Optional Treatment: If an eligible person selects a more expensive service than is customarily provided or for which ClaimChoice does not determine a valid dental need is shown, Dansville can make an allowance based on the fee for the customarily provided service.

➤ Maximum Payment: The maximum benefit payable in any one plan year and/or lifetime for Class IV (Orthodontics) will be limited to the amount specified in the Schedule of Benefits

Exclusions and Limitations

A. The Plan will make no payment for the following services, unless otherwise specified in the Declarations Section, and all charges for the following services will be the responsibility of the Subscriber:

1. Services for injuries or conditions payable under Workers' Compensation or Employer's Liability laws. Benefits or services that are available from any government agency, political subdivision, community agency, foundation, or similar entity. NOTE: This provision does not apply to any programs provided under Title XIX Social Security Act; that is, Medicaid.
2. Services, as determined by The Plan, for correction of congenital or developmental malformations, cosmetic surgery, or dentistry for aesthetic reasons.
3. Services or appliances started before a person became eligible under this Plan. This exclusion does not apply to orthodontic treatment in progress (if a Covered Service).
4. Prescription drugs (except intramuscular injectable antibiotics), pre-medications, medicaments/solutions, and relative analgesia.
5. General anesthesia and/or intravenous sedation for restorative dentistry or for surgical procedures, unless medically necessary.
6. Charges for hospitalization, laboratory tests, and histopathological examinations.
7. Charges for failure to keep a scheduled visit with the Dentist.
8. Services, as determined by ClaimChoice, for which no valid dental need can be demonstrated, that are specialized techniques, or that are investigational in nature as determined by the standards of generally accepted dental practice.
9. Treatment by other than a Dentist, except for services performed by a licensed dental hygienist under the scope of his or her license.
10. Those benefits excluded by the policies and procedures of ClaimChoice, including the Processing Policies.
11. Services or supplies for which no charge is made, for which the patient is not legally obligated to pay, or for which no charge would be made in the absence of ClaimChoice coverage.
12. Services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
13. Services that are covered under a hospital, surgical/medical, or prescription drug program.
14. Services that are not within the classes of benefits that have been selected and that are not in the Contract.
15. Fluoride rinses, self-applied fluorides, or desensitizing medicaments.
16. Preventive control programs (including oral hygiene instruction, caries susceptibility tests, dietary control, tobacco counseling, home care medicaments, etc.).
17. Sealants.
18. Space maintainers for maintaining space due to premature loss of anterior primary teeth.
19. Lost, missing, or stolen appliances of any type and replacement or repair of orthodontic appliances or space maintainers.
20. Cosmetic dentistry, including repairs to facings posterior to the second bicuspid position.
21. Veneers,

22. Prefabricated crowns used as final restorations on permanent teeth.
23. Appliances, surgical procedures, and restorations for increasing vertical dimension; for altering, restoring, or maintaining occlusion; for replacing tooth structure lost resulting from attrition, abrasion, or erosion; or for periodontal splinting. If orthodontic services are Covered Services, this exclusion will not apply to orthodontic services as limited by the terms and conditions of the Plan.
24. Paste-type root canal fillings on permanent teeth.
25. Replacement, repair, relines, or adjustments of occlusal guards.
26. Chemical curettage.
27. Prosthodontic services (Class III Benefits).
28. Services associated with overdentures.
29. Metal bases on removable prostheses.
30. The replacement of teeth beyond the normal complement of teeth.
31. Personalization/characterization of any service or appliance.
32. Temporary appliances.
33. Posterior bridges in conjunction with partial dentures in the same arch.
34. Precision attachments.
35. Specialized implant surgical techniques.
36. Appliances, restorations, or services for the diagnosis or treatment of disturbances of the temporomandibular joint (TMJ).
37. Orthodontic services (Class *N* Benefits).
38. Diagnostic photographs and cephalometric films, unless done for orthodontics.
39. Myofunctional therapy.
40. Mounted case analyses.

ClaimChoice will make no payment for the following services, unless otherwise specified in the Declarations Section. Participating Dentists cannot charge eligible people for these services. All charges from Nonparticipating Dentists for the following services will be the responsibility of the Subscriber:

41. The completion of claim forms.
42. Consultations, when performed in conjunction with examinations/evaluations or diagnostic procedures.
43. Local anesthesia.
44. Acid etching, cement bases, cavity liners, and bases or temporary fillings.
45. Infection control.
46. Temporary crowns.

47. Gingivectomy as an aid to the placement of a restoration.
48. The correction of occlusion, when performed with prosthetics and restorations involving occlusal surfaces.
49. Diagnostic casts, when performed in conjunction with restorative or prosthodontic procedures.
50. Palliative treatment, when any other service is provided on the same date except X-rays and tests necessary to diagnose the emergency condition.
51. Post-operative X-rays, when done following any completed service or procedure.
52. Periodontal charting.
53. Pins and/or preformed posts, when done with core buildups for crowns, onlays, or inlays.
54. A pulp cap, when done with a sedative filling or any other restoration. A sedative or temporary filling, when done with pulpal debridement for the relief of acute pain prior to conventional root canal therapy or another endodontic procedure. The opening and drainage of a tooth or palliative treatment, when done by the same Dentist or dental office on the same day as completed root canal treatment.
55. A pulpotomy on a permanent tooth, except on a tooth with an open apex.
56. A therapeutic apical closure on a permanent tooth, except on a tooth where the root is not fully formed.
57. Retreatment of a root canal by the same Dentist or dental office within 24 months of the original root canal treatment.
58. A prophylaxis or subgingival curettage, when done on the same day as root planing.
59. An occlusal adjustment, when performed on the same day as the delivery of an occlusal guard.
60. Reline, rebase, or any adjustment or repair within six months of the delivery of a partial denture.
61. Tissue conditioning, when performed on the same day as the delivery of a denture or the reline or rebase of a denture.

B. The Benefits for the following services are limited as follows, unless otherwise specified in the Declarations Section. All charges for services that exceed these limitations will be the responsibility of the Subscriber. All time limitations are measured from the last date of service in any ClaimChoice plan or, at the request of the Contractor, any dental plan:

1. Bitewing X-rays are payable once in any period of 12 consecutive months. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period. A panoramic X-ray (including bitewings) is considered a full mouth X-ray.
2. Prophylaxes, including periodontal prophylaxes, and routine oral examinations/evaluations are payable twice in any period of 12 consecutive months.
3. Preventive fluoride treatments are payable twice in any period of 12 consecutive months for people up to age 19.
4. Space maintainers are payable for people up to age 14.
5. Cast restorations (including jackets, crowns, and onlays) and associated procedures (such as core buildups and post substructures) on the same tooth are payable once in any five-year period.

6. Crowns or onlays are payable only for extensive loss of tooth structure due to caries and/or fracture.
7. Individual crowns over implants are payable at the prosthodontic benefit level.
8. Porcelain, porcelain substrate, and cast restorations are not payable for people under age 12.
9. An occlusal guard is a benefit once in a lifetime.
10. An interim partial denture is a benefit only for the replacement of permanent anterior teeth during the healing period or for people up to age 17 for missing permanent anterior teeth.
11. Prosthodontic (Class III) benefit limitations:
 - a. One complete upper and one complete lower denture are benefits once in any five-year period for any person.
 - b. A removable partial denture, implant, or fixed bridge for any person can be covered once in any five-year period unless the loss of additional teeth requires the construction of a new appliance.
 - c. Fixed bridges and removable cast partial dentures are not payable for people under age 16.
 - d. A relining or the complete replacement of denture base material is limited to once in any three-year period per appliance.
12. Orthodontic (Class IV) benefit limitations:
 - a. Orthodontic benefits are payable for eligible people up to age 19.
 - b. If the treatment plan is terminated before completion of the case for any reason, The Plan's obligation will cease with payment to the date of termination.
 - c. The Dentist may terminate treatment, with written notification to The Plan and to the patient, for lack of patient interest and cooperation. In those cases, The Plan's obligation for payment of benefits ends on the last day of the month in which the patient was last treated.
 - d. An observation and adjustment is a benefit twice in a 12-month period.
13. The Plan's obligation for payment of benefits ends on the last day of the month in which coverage is terminated. However, The Plan will make payment for Covered Services provided on or before the last day of the month in which coverage was terminated as long as it receives a claim for those services within one year of the date of service.
14. When services in progress are interrupted and completed later by another Dentist, The Plan will review the claim to determine the amount of payment, if any, to each Dentist.
15. Care terminated due to the death of an eligible person will be paid to the limit of Delta Dental's liability for the services completed or in progress.
16. Optional treatment: If an eligible person selects a more expensive service than is customarily provided or for which ClaimChoice does not determine a valid dental need is shown, ClaimChoice can make an allowance based on the fee for the customarily provided service.

For example, if a tooth can be satisfactorily restored with an amalgam (silver) or composite resin (white) restoration and the eligible person chooses to have the tooth restored with a more costly procedure, such as an inlay, the Plan will pay only the amount that it would have paid to restore the tooth with amalgam or composite resin. The eligible person is responsible for the difference in cost.

Listed below are some other examples of common optional services:

- a. Porcelain fused to metal and porcelain crowns on posterior teeth - the Plan will pay only the applicable amount that it would have paid for a full metal crown.
- b. Overdentures - the Plan will pay only the applicable amount that it would have paid for a conventional denture.
- c. Porcelain/ceramic onlays - the Plan will pay only the applicable amount that it would have paid for a metallic onlay.
- d. Inlays, regardless of the material used - the Plan will pay only the applicable amount that it would have paid for an amalgam or composite resin restoration.
- e. Soft relines - the Plan will pay only the applicable amount that it would have paid for a conventional reline.
- f. All-porcelain/ceramic bridges - the Plan will pay only the applicable amount that it would have paid for a conventional fixed bridge.

17. Maximum Payment:

- a. The maximum benefit payable in any one benefit year will be limited to the amount specified in the Declarations Section.
- b. ClaimChoice's payment for orthodontic (Class IV) benefits will be limited to the annual or lifetime maximum per person specified in the Declarations Section.

18. If a Plan Deductible amount is specified in the Declarations Section, ClaimChoice will not be obligated to pay for, in whole or in part, any services to which the Deductible applies until the Plan Deductible amount is met.

19. Processing Policies may limit treatment.

ClaimChoice will make no payment for services that exceed the following limitations, unless otherwise specified in the Declarations Section. Participating Dentists cannot charge eligible people for these services. All charges from Nonparticipating Dentists for services that exceed these limitations will be the responsibility of the Subscriber:

- 20.** Amalgam and composite resin restorations by the same Dentist or dental office are payable once within a 24-month period, regardless of the number or combination of restorations placed on a surface.
- 21.** Core buildups and other substructures are benefits only when needed to retain a crown on a tooth with excessive breakdown due to caries and/or fractures.
- 22.** Re-cementation of a crown, onlay, inlay, space maintainer, or bridge by the same Dentist or dental office within six months of the seating date.
- 23.** Retention pins are benefits once in a 24-month period. Only one substructure per tooth is a benefit.

24. Benefits for root planing by the same Dentist or dental office are payable once in any two-year period.
25. Periodontal surgery, including subgingival curettage, by the same Dentist or dental office is payable once in any three-year period.
26. A complete occlusal adjustment is a benefit once in a five-year period. The fee for a complete occlusal adjustment includes all adjustments that are necessary for a five-year period. A limited occlusal adjustment is not a benefit more than three times in a five-year period. The fee for a limited occlusal adjustment includes all adjustments that are necessary for a six-month period.
27. Tissue conditioning is not a benefit more than twice per arch in 36 months.
28. The allowance for a denture repair (including relining or rebase) will not exceed half the fee for a new denture.
29. Processing Policies may limit treatment.