

CCPOA Benefit Trust Fund Primary Dental Plan

Non-Contracted Provider:	First Dental Health Providers:
Calendar year maximum: \$2000/ per person Combined Dental & Orthodontic Deductible: Per calendar year Individual: \$50 Family: \$150 Deductible is waived on Preventive/Diagnostic Services Services are payable based on CCPOA allowable amount	Calendar year maximum: \$2000/per person Deductible: None Services are payable based on Contract Rate through First Dental Health EPO/PPO

This is not a guarantee of payment but a summary of benefits available through the CCPOA Primary Dental Plan. Benefits are subject to eligibility, terms, conditions, and limitations of the participant's dental coverage in force at the time the services are actually rendered. Certain services are subject to review.

Preventive/Diagnostic Services

100%

Prophy: Twice in the calendar year (anytime)

Fluoride: Under age 15, twice in a calendar year

Sealants: No age limit, on permanent unrestored posterior molars only. 36-month limitation, (eff 2/2/09)

Bitewing: Unlimited, unless done with Panographic or more than 10 PAs.

Panographic: Unlimited while taken alone.

FMX: Once every 36 months

Exams: Unlimited. First exam is payable under preventive, all subsequent exams are payable under the basic benefit with no deductible,

Space Maintainers

Emergency Palliative Treatment

Basic Services

90%

Restorative Services: Composite porcelain & silver amalgam fillings. Composites on posterior teeth are reduced to the amalgam rate.

Endodontic Services: Root canal Therapy

Periodontal Services: Root Planning & Scaling: 24-month period.

Perio charting is required. Pre-operative X-rays are necessary when pocket depths are under 4-mm.

Periodontal cleanings that are in conjunction with an active periodontal disease will be limited to two cleanings per year and only for the 18-month period following treatment of the periodontal disease.

Oral Surgery: Extraction of teeth & minor oral surgery

General Anesthesia, if provided in conjunction with a covered oral surgery procedure & only if determined by the Administrator to be Medically Necessary

Singles Crowns, Inlays, Onlays & Build-ups:

80% - **PREP DATE** - Porcelain crowns placed on molars will be paid as a full cast crown.

5-year replacement limitation

Prosthodontic (Major) Services

50% - **PREP DATE**

Initial preparation & installation of bridges

Crowns attached to a bridge

Initial preparation & installation of partial or complete dentures (including repairs)

Prior extractions are covered - effective 1/1/02

5-year replacement limitation

Congenitally missing teeth are covered

Orthodontic Services: No age limit

50% to lifetime benefit \$1000

including adjustments & retainers

Services Not Covered

TMJ

Occlusal guards/Night guards

Implants

Analgesia/Nitrous oxide

Arestin

Coordination of Benefits: Standard

Pre-authorization is suggested over \$300

Dependent children may be covered up to age 26 regardless of student status.

We've Got You Covered.

1-800-In-Unit-6

1-800-468-6486

Mail all Claims to:

CCPOA Benefit Trust Fund

2515 Venture Oaks Way, Suite 200

Sacramento, CA 95833-4235

