

CCPOA Benefit Trust Fund

Primary Dental Plan Highlights

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

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: Three times in the calendar year (anytime) - (eff 1/1/14)

Fluoride: Dependants under age 15 only.

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 PA's.

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. Limited to one in a six month period.

Effective 1/1/14 Composite fillings are no longer "downgraded" to amalgam.

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

Prosthetic (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 - (eff 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
Dependant 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

www.ccpoabt.org

Mail all Claims to:

CCPOA Benefit Trust Fund

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