

Spartanburg County
DENTAL PLAN SCHEDULE OF BENEFITS

PLANNED ADMINISTRATORS, INC.

Group 657

800/768-4375

*All benefits are subject to the fee schedule and benefit year deductible (unless otherwise indicated)
Please refer to the covered expenses section for a complete listing of benefits and any additional
conditions/limitations that may apply.*

<u>Classes of Expenses</u>	<u>% Plan Pays</u>	<u>Deductible?</u>
Class I Diagnostic and preventive dental benefits	100%	NO
Class II Basic dental, oral surgery and periodontic services	80%	YES
Class III Prosthodontic services	50%	YES
Class IV Orthodontic benefits up to age 19 (does not include braces for spouse)	50%	NO
Lifetime Maximum per participant for orthodontic		\$1,000
Maximum per participant per benefit year for Classes I – III		\$1,000
Benefit year Dental Deductible		
Participant		\$50
Family		\$150

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

DEDUCTIBLE

A. Individual Deductible

This is an amount of dental charges (for an individual with single coverage) for which no benefits will be paid. Before benefits can be paid in a benefit year, a participant must meet the Deductible shown in the Dental Schedule of Benefits.

B. Family Deductible

This is an amount of dental charges (for individuals with family coverage) for which no benefits will be paid. When the amount shown in the Dental Schedule of Benefits has been paid by members of a Family Unit toward their benefit year Deductibles, the Deductible of all that Family Unit will be considered as being satisfied for that year.

BENEFIT PAYMENT

Each benefit year, benefits will be paid to participant for the dental charges in excess of his Deductible, up to the Maximum Dental Benefit amount. No benefits will be paid in excess of the Maximum Dental Benefit amount. Payment will be made at the rate shown under Dental Percentage payable in the dental Schedule of Benefits.

MAXIMUM BENEFIT AMOUNT

The Maximum Dental Benefit amount is the amount of benefits that will be paid for all dental charges of a participant in a benefit year. The Maximum Dental Benefit amount is on the dental Schedule of Benefits.

DENTAL CHARGES

Dental charges are paid based upon the Allowed Amount for necessary care, appliance 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 care, the Plan Supervisor will apportion that overall charge to each of the separate visits or treatments. The pro rate charge will be considered to be incurred as each visit or treatment is completed.

Predetermination of Benefits:

Except in an emergency, you should discuss dental charges with your dentist before treatment begins. If you or a Dependent needs dental treatment which the dentist estimates will cost **\$500** or more, you should ask your dentist to file for a predetermination of benefits with Planned Administrators, Inc. By doing this, both you and the dentist will know in advance how much your dental plan will pay for the course of treatment your dentist recommends.

Here's how predetermination works:

Your dentist should list, on a claim form, the treatment plan he plans to perform and his charges for that treatment. The dentist should then send the form to Planned Administrators, Inc. Planned Administrators, Inc. will let you and your dentist know the amount of money that can be paid under your coverage for the recommended treatment.

COVERED DENTAL EXPENSES

Class I – Diagnostic and Preventive Dental Services

1. Dental examinations, cleaning, scaling, polishing and diagnosis once every six (6) months.
2. Full mouth x-rays every three (3) years.
3. Supplementary bitewing x-rays once every six (6) months, if your dentist feels they are necessary.
4. Fluoride treatment for employees and dependents under age nineteen (19), once every Benefit Year.
5. Emergency palliative treatment for the relief of pain.
6. Space maintainers for prematurely lost deciduous teeth, for Employees and Dependents under age (19).
7. Diagnostic casts (payable when not made in conjunction with any type prosthodontics).

Class II – Basic Dental, Oral Surgery and Periodontic Services

1. Repair of removable dentures.
2. Fillings consisting of amalgam and tooth-colored synthetic materials.
3. Simple extractions.
4. Pulp capping and root canal treatment.
5. General anesthesia when medically necessary and given in connection with covered dental surgery.
6. Oral surgery.
7. Hemi-section.
8. Apicoectomy (amputation of the apex of a tooth root).
9. Medically necessary services of an assistant surgeon.
10. Surgical periodontic examination.
11. Gingival curettage, gingivectomy and gingivoplasty.

12. Osseous surgery, including flap entry and closure.
13. Mucogingivoplastic surgery.
14. Management of acute infection and oral lesions.
15. Periodontal cleanings (payable only once every three (3) months after the initial periodontal treatment is documented).
16. Impacted wisdom tooth removal.
17. Space maintainers for prematurely lost deciduous teeth, for employees and dependents.
18. Sealants on permanent teeth that have not had any fillings.
19. Dental implants.
20. Prescription antibiotics.
21. Periapical x-rays.
22. Emergency palliative treatment.
23. Relining or rebasing of removable dentures payable six (6) months after initial placement. Then, once every three (3) years thereafter.

Class III – Prosthodontics

1. Inlays that are not part of a bridge.
2. Crowns that are not part of a bridge.
3. Onlays that are not part of a bridge.
4. Removable dentures (complete and partial) and bridges (fixed and removable) every five (5) years except those made necessary by loss or theft.
5. Fixed bridge repairs.

Class IV – Orthodontics

This means the prevention and correction of irregularities in the alignment of the teeth and the prevention or correction of malocclusion. Benefits for Orthodontics are only available as follows:

Evaluation

Cephalometric x-rays or diagnostic casts. This benefit is only for orthodontic evaluation prior to and in connection with Active Orthodontic Treatment.

Exposure or Extraction of Teeth

Surgical exposure of impacted un-erupted teeth or simple surgical extraction of teeth. This benefit is provided only in connection with (and prior to) active orthodontic treatment. The Allowed Amount for this benefit includes local anesthesia and routine postoperative care. Local anesthesia and routine postoperative care are not payable separately, even if billed separately.

Active Orthodontic Treatment

Fixed or removable orthodontic appliances. This benefit is only for movement or guidance of the natural teeth during active orthodontic treatment. The Allowed Amount for this benefit includes periodic follow-up examinations and adjustments during the whole course of active orthodontic treatment. Periodic follow-up examinations and adjustments during the whole course of active orthodontic treatment are not payable separately, even if billed separately.

Orthodontic Exclusions and Limitations

Active Orthodontic Treatment: The corrective movement of natural teeth through the bone by means of one or more active appliances to correct a Handicapping Malocclusion. Active orthodontic treatment does not include treatment intended to retain or maintain occlusion or the positioning or relationship of the natural teeth.

Handicapping Malocclusions: A malocclusion (deviation from normal occlusion, or abnormalities in the positioning or relationship of the natural teeth) which severely interferes with the ability of a person to chew food, as determined by the Plan Administrator.

Class V – TMJ

1. Temporomandibular Joint Disorder – limited to \$1,000 per year.

DENTAL EXCLUSIONS

The following are excluded from coverage under the dental coverage:

- a) Services and supplies for which the dentist does not charge.
- b) Services and supplies primarily for cosmetic or aesthetic purposes, including personalization or characterization of dentures.
- c) Appliances or restoration necessary to increase vertical dimensions or to restore an occlusion.
- d) Charges for missed appointments or for completion of claim forms.
- e) Services or supplies that do not meet accepted standards of dental practice.
- f) Services rendered by a dentist beyond the scope of his license.
- g) Charges for visits at home or in the hospital except in connection with emergency care.
- h) Services or supplies covered by Workers' Compensation.
- i) Treatment after a person is no longer covered by this Plan of Benefits, even though treatment began before coverage ended, except that if dentures were ordered and fitted while coverage was still in force, payment will be made if the dentures are delivered within 31 days after coverage ended. Further, a person may have extended coverage for the completion of dental services under a treatment plan approved by PAI prior to termination of coverage, provided the dental services are completed within 30 days from the date of approval of the treatment plan.
- j) Replacement of a denture that could have been repaired or extended.
- k) Services related to teeth that were missing before you had this coverage.
- l) Dental services done by more than one dentist - - if a person transfers from the care of one dentist to the care of another dentist during the same course of treatment or if more than one dentist renders services for the same procedure, benefits are payable for the less costly procedure.
- m) More expensive treatment than is necessary - - if a dentist and participant select a more expensive course of treatment than is usually provided by other dentists, consistent with sound professional standards of dental practice, benefits are payable for the less costly procedure.
- n) Services or supplies that are not medically necessary.
- o) Charges for services rendered by a physician, nurse or licensed therapist who is a close relative of the participant, or reside in the same household as participant.

Orthodontic Exclusions and Limitations

- a) The entire course of active orthodontic treatment and any preliminary orthodontic evaluation or exposure or extraction of teeth are excluded from being covered dental services (and no benefits are payable) if the date started for the active orthodontic treatment is prior to the enrollment date of coverage.
- b) Orthodontic benefits are provided only for or in connection with active orthodontic treatment to correct a handicapping malocclusion.
- c) Covered dental expenses for orthodontics do not include orthodontic evaluation or exposure or extraction of teeth, which is not an essential preliminary to active orthodontic treatment, which is actually performed.