



## Schedule of Dental Expense Benefits

### City of San Marcos

**Benefits Effective: January 1, 2016**

This schedule represents a summary of dental benefits. For complete details of benefits and requirements please refer to the Dental Benefits Booklet.

Calendar Year Deductible	Waived for Preventive & Diagnostic
<b>Basic and Major Services</b>	
Individual	\$50
Family (Three family members must meet individual deductible.)	\$150
<b>Maximums</b>	
<b>Preventive, Basic and Major Services</b> (Calendar Year Maximum)	\$1,500

Covered Services	Benefit Level
<b>Preventive &amp; Diagnostic Services</b>	100%
<b>Basic Services</b>	80%
<b>Major Services</b>	50%
<b>Orthodontics</b>	Not Covered

## **Description of Plan Benefits**

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Subject to the terms and conditions of the Plan, the Benefit Administrator will not pay benefits in excess of usual, reasonable and customary charges, which are incurred for eligible services, which are rendered by a licensed dentist.

### **Deductible**

Before benefits are paid, you must meet the appropriate deductible shown in the Schedule of Dental Expense Benefits. The scheduled deductibles shall apply individually to each Covered Individual per calendar year. The plan also has a Family deductible amount, which is considered satisfied when three family members meet their entire individual deductible. The deductibles for the Basic Dental Services and for the Major Dental Services are combined and only a single deductible applies to these two (2) benefits in any calendar year.

### **Benefit Percentage**

After the deductible, if any, has been satisfied, the Benefit Administrator will pay the appropriate percentage of eligible dental expenses that is shown in the Schedule of Dental Expense Benefits.

### **Maximum Benefit**

The Benefit Administrator will not pay more than the maximum benefit shown in the Schedule of Dental Expense Benefits for each Covered Individual.

### **Benefits**

The Plan benefits are divided into the following sections:

- Preventive Dental Services
- Basic Dental Services
- Major Dental Services

### **Alternative Benefits**

If there is a less costly alternative to any service or supply which is proposed, furnished or provided and such alternative is within accepted standards of dental practice, then the usual and reasonable charges for such alternative shall be considered to be an eligible expense.

## **Covered Dental Expenses**

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The dental plan allows you to see the dentist of your choice. There is not a dental PPO network. The Benefit Administrator may pay benefits directly to the dental care provider if they are assigned by the covered individual and the dental care provider accepts assignment. If the dental care provider does not accept assignment, the benefits will be made payable to the covered individual. Please keep in mind that payment arrangements need to be made before utilizing services as some dentists require payment at the time services are rendered.

Covered dental expenses are those charges considered as the usual, reasonable, and customary dental charge made for dental services that are:

1. Necessary for preventive care and treatment of dental disease or defect.
2. Performed by a dentist or a dental hygienist working under supervision of a dentist.
3. Incurred for preventive, basic and major services while a Covered Individual.

Benefits will be payable after satisfaction of the Plan deductible in accordance with the Schedule of Dental Expense Benefits for the following Covered Expenses.

It is important to note that when there is more than one way to properly treat a particular dental condition, benefits will be payable not to exceed the benefit for the least expensive course of treatment. To help you identify your out of pocket costs, you may request a predetermination for plan benefits from TML MultiState IEBP.

### **Preventive Services**

1. Oral Examinations limited to two (2) exams per calendar year
2. Prophylaxis (cleaning) limited to two (2) treatments per calendar year
3. Fluoride Treatments limited to children under the age of nineteen (19) and two (2) treatments in a calendar year
4. Sealants for children under the age of nineteen (19) not to exceed eight (8) applications per calendar year. One application is defined as sealant applied to a single tooth.
5. Bitewings X-Rays limited to once in a calendar year
6. Full mouth X-Ray limited to one (1) series in a thirty-six (36) consecutive month period, or Panoramic X-Ray limited to one (1) series in a thirty-six (36) consecutive month period
7. Periapical and Intraoral X-rays

### **Basic Services**

1. Emergency oral exams, palliative treatments
2. X-rays (Intraoral/Extraoral and Cephalometric (non preventive))
3. Diagnostic casts
4. Amalgam, silicate, acrylic, synthetic porcelain and composite filling restoration for decayed teeth. (Multiple restorations on the same tooth on the same day, which are billed independently of each other, will be recoded into the most appropriate procedure code as established by the American Dental Association (ADA))
5. Stainless steel crowns – primary/permanent tooth
6. Pin retention
7. Extractions – uncomplicated (single); each additional tooth; surgical removal of erupted or impacted tooth (including tissue flap and bone removal); postoperative visit (sutures and complications) after multiple extractions of impactions\*
8. Anesthesia – general, in conjunction with surgical procedures only; analgesia; non- intravenous and intravenous sedation
9. Endodontics treatment – (root canal treatment and pulp capping when not provided on the same day as a permanent restorative service)
10. Periodontics – treatment of periodontal and other disease of the gums and supporting structures of the mouth including but not limited to the following:
  - a. Periodontal maintenance procedure limited to two (2) treatments per calendar year following active periodontal therapy
  - b. Periodontal scaling and root planing – limited to no more than four (4) quadrants in twelve (12) months
  - c. Full mouth debridement

11. Oral surgery
12. Occlusal adjustment if in active periodontal treatment

\* *If a participant is covered under both the medical and dental plan of the Employer, expenses incurred due to impacted wisdom teeth including anesthesia and postoperative care will be covered under the medical plan.*

### **Major Services**

1. Space Maintainers – initial appliance only for children under age sixteen (16)
2. Removable mouthguards and all appliances used to alleviate thumb sucking, tongue thrashing and bruxism
3. Repair or recementing of crowns, inlays and onlays and bridges
4. Reline and adjustments of partial and complete dentures after six (6) months.
5. Onlays/Inlays
6. Crown Build-ups
7. Crowns – Necessary replacement of crowns or laboratory fabricated restorations, only when the crown or laboratory fabricated restoration is over five (5) years old

The following information must be provided if it is a replacement:

- a. Date of prior placement; and
  - b. Reason for replacing crown.
8. Bridges-Partial Dentures – Full Dentures – Initial installation of fixed bridgework (including wing attachments, inlays and crowns as abutments) to replace teeth which were extracted while covered under this Plan  
Replacement of an existing partial or full removable denture or fixed bridge; the addition of teeth to an existing partial or removable denture; or bridgework to replace teeth which were extracted if satisfactory evidence is presented to the Plan that:
    - a. The replacement or addition of teeth is necessary to replace teeth extracted after the existing denture or bridgework was installed and while covered under the Plan
    - b. The existing denture or bridgework cannot be made serviceable and was installed at least five (5) years prior to the replacement date

The following information must be provided:

- a. Initial placement – provide which teeth are being replaced and the Date of each extraction
  - b. Replacements – provide which teeth are being replaced and the Date of the prior placement and reason for this replacement
9. Gold restorations
  10. Dental implants

***Orthodontic procedures are not covered.***