Dental Blue Connect Plan for Statewide Schools

Summary of Benefits Cassia County Joint School District #151 - Effective September 1, 2017	Dental Blue Connect Plan 1 Contracting Providers*
Individual Deductible	No Deductible
Annual Maximum	No Annual Maximum
General Office Visit	You pay a $15 copayment per visit
Diagnostic and Preventive Services	
Routine and Emergency Exams	You pay nothing after applicable Office Visit copayment
All X-rays	
Teeth Cleaning	
Fluoride Treatment	
Sealants	
Head and Neck Cancer Screening	
Oral Hygiene Instruction	
Periodontal Charting	
Periodontal Evaluation	
Restorative Dentistry	
Filings	You pay nothing after applicable Office Visit copayment
Stainless Steel Crown	
Porcelain-Metal Crown	You pay a $50 copayment.
Prosthodontics	
Complete Upper or Lower Denture	You pay a $150 copayment
Bridge (per Tooth)	You pay a $50 copayment
Endodontics and Periodontics	
Root Canal Therapy — Anterior	You pay nothing after applicable Office Visit copayment
Root Canal Therapy — Bicuspid	
Root Canal Therapy — Molar	
Osseous Surgery (per Quadrant)	
Root Planing (per Quadrant)	
Oral Surgery	
Routine Extraction (Single Tooth)	You pay nothing after applicable Office Visit copayment
Surgical Extraction	
Orthodontic Services	
Pre-Orthodontic Service (Fee credited toward the Comprehensive Orthodontic Service copayment if patient accepts treatment plan)	You pay a $150 copayment
Comprehensive Orthodontic Service	You pay a $1,500 copayment
Miscellaneous	
Local Anesthesia	You pay nothing after applicable Office Visit copayment
Dental Lab Fees	
Nitrous Oxide	You pay a $20 copayment
Specialty Office Visit	You pay a $30 copayment
Emergency Office Visit	You pay a $15 copayment
Out of Area Emergency Care Reimbursement up to $250	

***You pay billed charges if you choose a Noncontracting or Nonparticipating Provider. You will receive a ten dollar ($10.00) Noncontracting Provider Reimbursement only.**

This summary describes the general features of this program; it is not a contract. All provisions of the Group Master Policy apply to this program.

Supported by Willamette Dental Group – 1.855.4DENTAL (1-855-433-6825)

Exclusions and Limitations

In addition to the exclusions and limitations of this Contract, the exclusions and limitations listed below apply to the entire Contract, unless otherwise specified. No benefits are available under this Contract for the following:

General Exclusions

- Procedures that are not included in the List of Covered Dental Services and Copayments; or that are not Medically Necessary for the care of a Member's dental condition; or that do not have uniform professional endorsement.
- Bridges, crowns, dentures or any prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than sixty (60) days after termination of coverage.
- Charges for services that were started prior to the Member's Effective Date. The following guidelines will be used to determine the date when a service is deemed to have been started:
  - For full dentures or partial dentures: on the date the final impression is taken.
  - For fixed bridges, crowns, inlays or onlays: on the date the teeth are first prepared.
  - For root canal therapy: on the later of the date the pulp chamber is opened or the date canals are explored to the apex.
  - For periodontal Surgery: on the date the Surgery is actually performed.
  - For all other services: on the date the service is performed.
  - For orthodontic services, if benefits are available under this Contract: on the date any bands or other appliances are first inserted.
- Dental Implants, including attachment devices and their maintenance.
- Endodontic services, prosthetic services, and Dental Implants that were provided prior to Member's Effective Date. Such services or supplies are the responsibility of the Member.
- Endodontic therapy completed more than sixty (60) days after termination of coverage.
- Services that are Investigational in nature.
- Exams or consultations needed solely in connection with a service or supply not listed as covered in the attachments as part of this Contract.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or Dental Implants; and occlusal rehabilitation, including crowns, bridges, or Dental Implants used for the purpose of splinting, altering vertical dimension, restoring occlusion or correction attrition, abrasion, or erosion.
- General anesthesia, moderation sedation and deep sedation.
- Inpatient or Outpatient care or facility fees for dental procedures.
- Maxillofacial prosthetic services.
- Occlusal guards (nightguards).
- Orthognathic Surgery, including, but not limited to, osteotomy, ostectomy and other services or supplies to augment or reduce the upper or lower jaw.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services or supplies, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointments cancelled without twenty-four (24) hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services or supplies and related exams or consultations that are not within the prescribed treatment plan and/or are not recommended and approved by a Contracting Provider.
- Services or supplies provided by any person other than a Provider.
- Any procedure, service or supply required directly or indirectly to treat a muscular, neural, orthopedic or skeletal disorder, dysfunction or Disease of the temporomandibular joint (jaw hinge) and its associated structures including, but not limited to, myofascial pain dysfunction syndrome.
- Provided for any condition, Disease, Illness or Accidental Injury to the extent that the Member is entitled to Benefits under occupational coverage, obtained or provided by or through the employer under state or federal Workers' Compensation Acts or under Employer Liability Acts or other laws providing compensation for work-related injuries or conditions. This exclusion applies whether or not the Member claims such benefits or compensation or recovers losses from a third party.
- Services or supplies for treatment of injuries sustained while practicing for or competing in a professional paid athletic contest of any kind.
- Provided or paid for by any federal governmental entity or unit except when payment under this Contract is expressly required by federal law, or provided or paid for by any state or local governmental entity or unit where its charges therefor would vary, or are or would be affected by the existence of coverage under this Contract.