

Town of Mount Pleasant Dental Benefits

DENTAL SCHEDULE OF BENEFITS

All benefits are subject to the Allowed Amount and Calendar 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>YOU PAY</u>	<u>TOWN PAYS</u>
CLASS I – Diagnostic and Preventive Dental Benefits	0%	100%
CLASS II - Basic Dental, Oral Surgery and Periodontic Services	20% after deductible	80% after deductible
CLASS III - Prosthodontic Services	40% after deductible	60% after deductible
CLASS IV Orthodontic Benefits (available to all ages)	50%	50%

Lifetime Maximum per Participant for Orthodontic Benefits:	\$1,000
Maximum per Participant per Calendar Year for Classes I-III:	\$1,500
Calendar Year Deductible:	
Single:	\$ 50
Family:	\$ 100

PREDETERMINATION OF BENEFITS

Except in an emergency, a Participant should discuss dental charges with his/her Dentist before treatment begins. If a Participant needs dental treatment which the Dentist estimates will cost \$500 or more, he/she should ask the Dentist to file for predetermination of benefits with TCC of SC. By

doing this, both the Participant and the Dentist will know in advance how much the dental plan will pay for the course of treatment the Dentist recommends.

HOW PREDETERMINATION WORKS

The Dentist should list, on a claim form, the treatment he/she plans to perform and his/her charges for that treatment. The Dentist should then send the form to TCC of SC. TCC of SC will let the Participant and the Dentist know the amount of money that can be paid under the Plan's coverage for the recommended treatment. If treatment costs **\$500** or more and the Dentist does not ask for predetermination of benefits, the claim will be paid according to the information contained on the claim form. Predetermination of benefits is not necessary for treatment for emergency care, routine oral examinations, x-rays, fluoride treatments, cleaning, and scaling, but is advisable so that Participants can anticipate what their costs will be.

COVERED DENTAL EXPENSES

Class I – DIAGNOSTIC AND PREVENTIVE DENTAL SERVICES

1. Dental examinations, cleaning, scaling, polishing and diagnosis twice per Calendar Year;
2. Full mouth x-rays once every three (3) years;
3. Supplementary bitewing x-rays twice per Calendar Year, if your Dentist feels they are necessary;
4. Fluoride treatment twice per Calendar Year;
5. Emergency palliative treatment for the relief of pain;
6. Space maintainers for prematurely lost deciduous teeth;
7. Sealants on permanent teeth that have not had any fillings; once every two (2) years.

CLASS II – BASIC DENTAL, ORAL SURGERY AND PERIODONTIC SERVICES

1. Fillings consisting of amalgam and tooth-colored synthetic materials;
2. Simple extractions;
3. Pulp capping and root canal treatment;
4. General anesthesia when necessary and given in connection with covered dental surgery;
5. Oral surgery;
6. Hemi-section;
7. Apicoectomy (amputation of the apex of a tooth root);
8. Surgical periodontic examination;
9. Gingival curettage, gingivectomy, and gingivoplasmy;
10. Osseous surgery, including flap entry and closure;
11. Mucogingivoplastic surgery;
12. Management of acute infection and oral lesions;
13. Periodontal cleanings: once every three (3) months after the initial periodontal treatment is documented;
14. Pulp vitality tests;

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): once every five (5) years except those made necessary by loss or theft;
5. Fixed bridge repairs;
6. Relining or rebasing of removable dentures: allowable six (6) months after initial placement, then once every three (3) years thereafter;
7. Repair of removable dentures.

CLASS IV – ORTHODONTICS

This means the prevention and correction of irregularities in the alignment of the teeth and the prevention or correction of malocclusion as follows:

EVALUATION

Cephalometric x-rays or diagnostic casts: 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: only in connection with (and prior to) Active Orthodontic Treatment. Service is deemed to include local anesthesia and routine postoperative care.

ACTIVE TREATMENT

Fixed or removable orthodontic appliances: only for movement or guidance of the natural teeth during Active Orthodontic Treatment. Service is deemed to include periodic follow-up examinations and adjustments during the whole course of Active Orthodontic Treatment.

ORTHODONTIC SERVICES

A charge is considered to have been incurred as of the date on which the service or supply for which the charge is made is rendered or obtained, except that with respect to charges for Orthodontic Treatment:

25 percent (25%) of the total charge for the course of treatment shall be considered as being incurred on the date the initial appliance is inserted, and the remainder of the total charge shall be divided by the number of months proposed by the Dentist or physician for the course of treatment, and the resulting monthly pro rata portion shall be considered to be incurred as of the first day of each month thereafter.

ORTHODONTIC EXCLUSIONS AND LIMITATIONS

- A. The entire course of Active Orthodontic Treatment including any preliminary Orthodontic evaluation, exposure or extraction of teeth are excluded from being Covered Dental Services (and no benefits are payable) if the start of the Active Orthodontic Treatment is prior to the effective date of coverage.
- B. Orthodontic Expense Benefits are provided only for or in connection with Active Orthodontic Treatment to correct a Handicapping Malocclusion as defined.
- C. Covered Dental Expenses for Orthodontics do not include orthodontic evaluation, exposure, or extraction of teeth which is not essential to Active Orthodontic Treatment, which is actually performed.

ORTHODONTIC DEFINITIONS

Active Orthodontic Treatment: The corrective movement of natural teeth through the bone by means of one (1) or more active Appliances to correct a Handicapping Malocclusion. It does not include treatment intended to retain or maintain occlusion or the positioning or relationship of the natural teeth.

Handicapping Malocclusion: 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 orthodontist.