

Eligibility Requirements

Orange County has established certain minimum eligibility requirements that must be met by all employees:

You must have been hired for an anticipated period of employment of at least three months

AND

You must work a regularly scheduled work week of 20 hours or more;

OR

You are a paid elected official.

Dependents

Your spouse, including a legally separated spouse, is eligible.

Your unmarried children under the age of 19, including stepchildren for whom you are financially responsible, and your legally adopted children are eligible.

Other children who reside permanently with you, who are chiefly dependent on you and for whom you have assumed legal responsibility, in place of the parent, are also eligible. You must verify eligibility and provide required documentation upon enrollment and every two years thereafter.

Any child described above, regardless of age, who is incapable of self support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 19, is eligible.

Students 19-25: Unmarried dependent children, age 19 up to age 25 are eligible if they are full-time students at an accredited secondary or preparatory school, college or other educational institution and are otherwise not eligible for employer group coverage. (Minimum 12 undergraduate or 6 graduate credit hours.)

If your child reaches age 19 during a school vacation period, coverage will continue, as long as the child is enrolled in an accredited secondary school, college or other accredited educational institution and plans to resume classes on a full-time basis at the end of the vacation period. Proof of enrollment will be required in order for dental benefits to be paid.

Students who want to continue coverage during the summer must have been enrolled in the previous spring semester and must be enrolled as full-time students for the fall semester.

Note: Rules for dependent students continuing coverage during summer vacation between the spring and fall semester also apply to dependent students continuing coverage during a winter vacation between the fall and spring semester.

Important: You must report changes in dependent eligibility within 30 days of the occurrence. Coverage cannot be upgraded or downgraded mid-year unless there is a qualifying event. Non-qualifying changes can be made during open enrollment for the following January 1.

Continuation Coverage: This Plan is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act

(COBRA). Contact OC RISK MANAGEMENT, 615-3600, for details regarding your rights & responsibilities under this law.

Privacy: This Plan complies with the privacy provisions of the Health Insurance Portability and Accountability Act (HIPAA).

Pre-Tax Contributions: This Plan is a component of a Section 125 Flexible Benefit Plan, subject to applicable IRS Regulations. Employee contributions required for family dental coverage will be withheld on a pre-tax basis unless the Employer is instructed otherwise.

Questions regarding the Plan or the rules and regulations governing it should be directed to the Benefits Unit, Orange County Risk Management at (845) 615-3600.

Deadline for filing claims: Claims must be submitted within 90 days after the end of the Plan/calendar year in which the services were performed in order to be considered for payment. (Deadline is March 31 of the following calendar year.)

Pre-Authorization of Benefits

- When the estimated cost of the proposed dental treatment exceeds \$350.00, a request for pre-authorization of benefits should be submitted before works begins.
- Submit a dental claim form that indicates the dentist's pre-treatment estimate; include related x-rays.
- After review, the dentist will be notified the dentist of the benefits payable based upon the treatment plan.
- In determining the amount of benefits payable, consideration will be given to alternate procedures that will accomplish a professionally acceptable result.
- If the participant and dentist agree to a more expensive method of treatment than the pre-authorized benefit, the amount exceeding the pre-authorized amount will not be paid.
- If you have work done for more than \$350.00 without first submitting a request for pre-authorization, your claim will be reviewed under the alternate treatment provision.
- When your dentist discusses a proposed treatment plan, make sure you clearly understand the service to be provided and its cost, before allowing the dentist to begin treatment.

A pre-authorization is not a guarantee of benefits. Payment is always subject to eligibility and plan limitations at the time of service.

How To Use This Plan

- You may use any licensed dentist for dental care.
- If you choose a non-participating dentist and are charged more than the amount listed under the Schedule of Allowances, you must pay the difference. (See Schedule of Allowances.)
- Take a dental claim form with you to the dentist's office. It may be obtained from your timekeeper or the County Intranet.

This Plan neither recommends nor endorses any specific dentist, whether participating or non-participating.

Schedule Of Allowances For Covered Services

DIAGNOSTIC SERVICES

EXAMS – periodic, comprehensive (2 per calendar year).....\$ 39.00

LIMITED EXAM (evaluation) same as palliative treatment.... \$ 39.00

DENTAL RADIOGRAPHS

Intraoral complete series, including bitewings (1 per 3 years).\$ 58.00
or
Panoramic with/ without additional films (1 per 3 years)\$ 58.00
*NOTE: Periapical and bitewing x-rays will **not** be covered during the same year patient receives a full series or panoramic radiograph.*
Intraoral periapical film (10 per year max).....\$ 8.00
Intraoral occlusal film (2 per 3 years).....\$ 29.00
Extraoral film (1 per year max).....\$ 17.00
Bitewing x-ray, per film (8 per year max).....\$ 8.00
 Posterior-anterior or lateral skull/facial bone survey (1/yr).....\$ 18.00
Cephalometric film (1 per year).....\$ 24.00
TESTS AND LABORATORY EXAMS
Pulp vitality test (1 per year).....\$ 7.00
Diagnostic casts, upper and/or lower (1 per lifetime).....\$ 19.00

PREVENTIVE SERVICES

Dental Prophylaxis, adult-14 yrs and over (2 per year)..... \$ 63.00
Dental Prophylaxis, child-under age 14 (2 per year).....\$ 47.00
Fluoride, under age 19(2 per calendar year).....\$ 16.00
Sealants, under age 19, per tooth covered only on bicuspid and molars in permanent dentition.(1 per 3 years).....\$ 20.00
Space maintainers, under age 19 (1 per life)
Unilateral, fixed space maintainer.....\$ 72.00
Bilateral, fixed space maintainer.....\$150.00
Unilateral, removable space maintainer.....\$ 90.00
Bilateral, removable space maintainer.....\$155.00

RESTORATIVE – FILLINGS

AMALGAM RESTORATIONS – (1 per surface per tooth per year)
Includes tooth preparation, all adhesives, liners and bases and polishing for proper form and function.

PERMANENT OR PRIMARY TEETH

Amalgam-one surface.....\$ 66.00
Amalgam-two surface.....\$ 90.00
Amalgam-three or more surfaces.....\$ 120.00

RESIN-BASED COMPOSITE RESTORATIONS

(1 per surface per tooth per year) *Includes tooth preparation, acid etching, adhesives, liners, bases, curing and the broad category of material called resin-based composites.*

PERMANENT OR PRIMARY TEETH

Resin-based one surface, anterior or posterior tooth..... \$ 66.00
Resin-based two surfaces, anterior or posterior tooth.....\$ 90.00
Resin-based three surfaces, anterior or posterior tooth.....\$120.00
Resin-based four or more surfaces, or involving incisal angle, anterior or posterior tooth\$120.00

RESTORATIVE – CROWNS AND INLAYS/ONLAYS

These services are limited to permanent (not deciduous) teeth, as scheduled. Crowns and inlays are covered for the restoration of teeth which as the result of extensive decay or fracture, cannot be restored with an amalgam or resin-based composite material. All crown work will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion.

CROWNS – (1 per 5 years)

Resin (permanent, anterior teeth only).....\$200.00
Resin fused to metal\$410.00
Porcelain/Ceramic\$420.00
Implant/abutment supported, porcelain/ceramic.....\$420.00
Porcelain fused to metal\$575.00
Implant/abutment supported, porcelain fused to metal.....\$575.00

¾ cast metal\$310.00
Full cast metal.....\$430.00
Implant/abutment supported, full cast metal\$430.00

INLAYS/ONLAYS – (1 per 5 years)

Inlay/onlay, one surface\$300.00
Inlay/onlay, two surface\$420.00
Inlay/onlay, three or more surfaces\$440.00

OTHER RESTORATIVE SERVICES

Recent inlay (1 per year).....\$ 14.00
Recent crown (1 per year).....\$ 36.00
Stainless Steel crowns, deciduous teeth only
(1 per tooth per 3 years).....\$ 56.00
Core build-up,pin retained (1 per life).....\$ 56.00
Pin retention, per tooth (1 per year).....\$ 26.00
Post and core, cast or prefabricated, per tooth (1 per 5 years).....\$ 110.00
Labial veneer (laminates)(1 per 3 years).....\$ 78.00

ENDODONTICS

Pulp capping, direct or indirect (1 per year).....\$ 18.00
Pulpotomy, deciduous teeth only
(1 per tooth per lifetime)\$ 36.00

ROOT CANAL THERAPY (1 per tooth per lifetime)

Root canal procedure, limited to permanent teeth, consists of the removal of all pulp contents and filling the canals of teeth having damaged pulps. Benefits are payable upon completion of the root canal therapy.

Root canal therapy, anterior\$310.00
Root canal therapy, bicuspid\$366.00
Root canal therapy, molar\$475.00
Apicoectomy, per tooth (1 per lifetime).....\$170.00
Retrograde filling, per tooth, in conjunction with apicoectomy (1 per lifetime)\$ 50.00

PERIODONTICS

Periodontics is a specialty for treatment of diseases of the tissues, gums and bone, that support the teeth. When these services are provided, the allowance will be made on a quadrant or sextant basis. All periodontal work will be professionally reviewed for appropriateness and necessity of the planned treatment, taking into consideration the exclusions and limitations of the Plan. The treatment plan should include periodontal charting and x-rays may be requested. Benefits will be paid for only the most comprehensive surgical procedure necessary in each site. Periodontic benefits will not usually be paid for patients under age 19. Exceptions may be made, based on documented medical necessity. Retreatment of periodontal surgery, such as gingivectomy and osseous surgery, is allowed only if four years have elapsed since the previous periodontal surgery.

Gingivectomy, per quadrant (per 4 years).....\$250.00
Osseous surgery, per quadrant (1 per 4 years)\$400.00
Pedicle soft tissue graft (1 per 4 years).....\$140.00
Free soft tissue graft, including donor site (1 per 4 years)\$104.00
Periodontal scaling , root planing, per quad (2/calendar yr)....\$ 31.50
Periodontal maintenance procedure (2 per calendar year, prophylaxis or periodontal maintenance procedure).....\$ 63.00

PROSTHODONTICS (REMOVABLE)

A benefit will be paid for a permanent denture replacing an interim denture after 6 months but no longer than 12 months from the date the interim denture was inserted. The Plan will pay for no other installation within the next 5 year period. Benefits are payable upon insertion and includes routine post delivery care (relines, adjustments) for six months.

COMPLETE DENTURES (1 per 5 years)

Full upper or lower denture (permanent)\$575.00

Full upper or lower denture, implant/abutment supported	\$575.00
PARTIAL DENTURES (1 per 5 years)	
Partial upper or lower denture, permanent	\$600.00
Partial upper or lower denture, implant/abutment supported	\$600.00
Unilateral partial denture, permanent	\$340.00
Partial upper or lower denture, interim (anterior teeth only)	\$180.00
ADJUSTMENT TO DENTURES (after 6 mo) (1 per yr)	\$ 14.00

REPAIRS TO FULL OR PARTIAL DENTURES	
Repair broken complete denture base (1 per year)	\$ 48.00
Repair resin denture base (1 per year)	\$ 48.00
Replace any number missing or broken teeth (1 per year)	\$ 52.00
Repair cast framework (1 per year)	\$ 48.00
Repair or replace broken clasp (1 per year)	\$ 85.00
Replace broken teeth (any number-1 per year)	\$ 52.00
Add tooth to existing partial denture (1 per lifetime)	\$ 85.00
Add clasp to existing partial denture (1 per lifetime)	\$ 85.00

REBASE FULL DENTURE – (1 per 2 years)	
Rebase-process of refitting a denture by replacing the base material.	
Rebase complete maxillary or mandibular full denture	\$205.00

RELINE OF DENTURES (1 per 3 years)	
Reline-process of resurfacing the tissue side of a denture with new base material.	
Reline full denture (office or lab)(1 per 3 yrs)	\$200.00
Reline partial denture (office or lab)(1 per 3 yrs)	\$200.00

OTHER	
Tissue conditioning, per denture (1 per 3 yrs)	\$ 52.00
Overdenture, upper or lower (1 per 5 yrs)	\$600.00
Obturator prosthesis (1 per 5 yrs)	\$100.00

PROSTHODONTICS (FIXED)	
All fixed bridge units will be professionally reviewed for necessity and appropriateness of the planned treatment, taking into account the exclusions and limitations of the Plan. Benefits are payable upon insertion of the fixed bridge.	

PONTICS (1 per 5 years)	
Cast metal, full	\$286.00
Porcelain fused to metal	\$445.00
Porcelain/Ceramic	\$445.00
Resin fused to metal	\$375.00

ABUTMENTS (FIXED BRIDGE RETAINERS) Inlays/Onlays (1 per 5 yrs)	
Inlay/Onlay, two surfaces	\$420.00
Inlay/Onlay, three or more surfaces	\$440.00
Retainer for Maryland-type bridge	\$165.00

ABUTMENTS (FIXED BRIDGE RETAINERS) CROWNS (Limited to 1 per 5 years)	
Cast metal, ¾	\$310.00
Cast metal, full	\$430.00
Implant/abutment supported, cast metal	\$430.00
Porcelain fused to metal	\$575.00
Implant/abutment supported- porcelain fused to metal	\$575.00
Porcelain/Ceramic	\$420.00
Implant/abutment supported, porcelain/ceramic	\$420.00
Resin fused to metal	\$410.00

RECEMENT BRIDGE (1 per year)	\$ 48.00
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ORAL SURGERY	
EXTRACTIONS (1 per tooth per lifetime)	
Erupted tooth or exposed root	\$ 83.00
Surgical removal	\$ 114.00
Soft tissue impaction	\$ 121.00
Partial bony impaction	\$167.00
Full bony impaction	\$208.00
Residual roots	\$ 95.00

OTHER ORAL SURGICAL PROCEDURES	
Surgical exposure to aid eruption (1 per lifetime)	\$ 64.00
Biopsy of oral tissue, hard or soft tissue removal (1per yr)	\$ 75.00
Alveoplasty, with extractions, per quadrant (1 per life)	\$ 58.00
Alveoplasty, no extractions, per quadrant (1 per 5 yrs)	\$ 92.00
Vestibuloplasty (1 per 4 years)	\$274.00
Incision and drainage, intraoral (1 per year)	\$ 49.00
Incision and drainage, extraoral (1 per year)	\$ 66.00
Frenulectomy (1 per life)	\$ 140.00
Surgical exposure orthodontic reasons (1 per life)	\$ 77.00

ORTHODONTICS PROCEDURES	
Orthodontic procedures are provided for employees and unmarried dependent children enrolled in the Plan. Orthodontic benefits are only allowed for full banding of both upper and lower teeth. Pre-Authorization is required.	
Lifetime orthodontic maximum	\$2622.00
Limited/Interceptive/Appliance Therapy (1 per lifetime)	\$ 300.00
Comprehensive orthodontic treatment, appliance insertion (1 per life)	\$450.00
Periodic orthodontic treatment visit (24 monthly visits per life)	
	\$ 66.00
Orthodontic retention, per visit (12 monthly visits per life)	\$ 24.00

ADJUNCTIVE GENERAL SERVICES	
Palliative (emergency) treatment of dental pain (1per year)	\$ 39.00
General anesthesia (per covered oral surgery visit)	\$200.00
or	
Intravenous sedation (per covered oral surgery visit)	\$200.00
Occlusal adjustment, limited (1 per 4 years)	\$ 35.00
Occlusal adjustment, complete (1 per 4 years)	\$140.00

Exclusions And Limitations	
<ul style="list-style-type: none"> Replacement of crowns and prosthetic appliances will be covered only if: In the case of bridgework or denture, the Plan must be provided with documentation that the existing bridgework or denture was inserted 5 years prior and that a repair can not be made successfully. For a crown, proof needs to be provided that the current crown was inserted 5 years prior. 	
In addition to the exclusions and limitations as stated in the Orange County Dental Plan Schedule of Allowances and those listed above, this Plan does not cover:	
<ul style="list-style-type: none"> Charges for surgical implants. Charges for any type of service or appliance not described in schedule of allowances. Treatment by other than a licensed dentist or dental hygienist acting within the scope of licensure Services and supplies that are primarily cosmetic in nature. Duplicate prosthetic appliances or services. Dentures, crowns, inlays, bridgework or appliances to change or maintain vertical dimension. 	

- Precision or other elaborate attachments or features for dentures, bridgework or any other dental appliances.
- Any service rendered or appliance inserted before the eligibility date or after the termination date under this Plan.
- Splinting.
- Treatment covered by Workers' Compensation or similar law.
- Charges for expenses which are reimbursable through "no-fault" automobile insurance.
- Temporary dental services which will be considered an integral part of the final dental service rather than a separate service.

Coordination of Benefits
 Since it is not intended that the patient receive greater benefits than the actual expenses covered, the amount of benefits payable under the Plan will take into account any coverage the employee (or eligible dependent) has under other group plans. In other words, the benefits under the Plan will be coordinated with the benefits of the other group plans.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are employees and Plan members, coverage for children may not be claimed under both parents.

Claims Administered By

The Preferred Group
P.O. Box 15136
Albany, NY 12212-5136

For Claims Inquiries:
Tel: 800-573-7474

Benefits Schedule effective dates:

12/05/08 - Group 719 - OCCC Faculty Association
 01/21/09 - Group 722 - OCCC Staff & Chair Assoc.
 02/06/09 - Group 723 - CSEA
 02/06/09 - Group 723 - Mgmt/Confidential / Mgmt. Plan

Orange County Risk Management
Brochure Reprinted 09/21/12
Claims Address Revised 12/17
Revised Groups 07/20/18
Revised Groups 10/1/18



Orange County Self-Insured Dental Plan

For

Plan Number: 10483-723

Group 723

**CSEA Civil Service Employees
&
Managerial/Confidential**

Maximum Benefits

- Each participant - the enrollee and his/her enrolled eligible dependent(s) - has an available maximum annual benefit of \$3210.00. (The Plan, or calendar year, runs January through December.)
- Under this maximum, the Plan pays benefits up to the first \$3210.00 of covered dental expenses per year. There is a separate maximum for orthodontic services.
- Participants about to undergo extensive dental treatment should discuss those plans with the dentist before treatment begins. (See **Pre-Authorization of Benefits** section.) There are often less expensive alternatives available that will provide high quality dental care.
- Alternate Benefit Provision** - When more than one method of treatment is available, the Plan will pay for covered expenses for the least expensive method of treatment, regardless of the treatment actually used.