

# Dental

Full-Time and Part-Time Option 1 members and dependents with dental coverage participate in the Trust Dental Plan. Part-Time Option 2 members under all collective bargaining agreements do not have dental coverage. Substitute teachers under the PAT agreement have dental coverage for the substitute teacher only. (See *Participating in the Plans — Eligibility* for details on who is eligible for coverage.)

## Highlights of the Plan

The following chart provides highlights of the Trust Dental Plan.

Features	
How the plan works	You may visit any licensed dentist. The plan pays a percentage of covered services, based on usual and customary or reasonable rates (UCR)
Annual deductible	None
Maximum plan benefits	\$1,750 per person per calendar year

Covered Services	
<b>Class I services:</b> Preventive services, including: <ul style="list-style-type: none"><li>• Cleaning two times per calendar year</li><li>• Fluoride application, age 14 and under, two times per calendar year</li><li>• Sealants, through age 18, once every five calendar years</li><li>• Space maintainers</li></ul> Diagnostic services, including: <ul style="list-style-type: none"><li>• Routine exams, two times per calendar year</li><li>• Bitewing X-ray, two times per calendar year</li><li>• Full mouth X-rays or panoramic film, once every five years</li></ul>	Plan pays 100% of UCR

<b>Covered Services</b>	
<p><b>Class II services:</b></p> <ul style="list-style-type: none"> <li>• Oral surgery, including surgical extractions, minor surgical procedures</li> <li>• Restorative, including treatment of tooth decay with amalgam and synthetic porcelain</li> <li>• Endodontic, including procedures for pulpal therapy, root canal filling</li> <li>• Periodontic, including treatment of tissues supporting the teeth, scaling</li> </ul>	Plan pays 80% of UCR
<p><b>Class III services:</b></p> <ul style="list-style-type: none"> <li>• Restorative, including crowns, jackets, gold or cast restorations, onlays and implants</li> </ul>	Plan pays 80% of UCR
<p><b>Class IV services:</b></p> <ul style="list-style-type: none"> <li>• Prosthodontic, including bridges, partials, complete dentures</li> </ul>	Plan pays 50% of UCR
<p><b>Class V services (Substitute teachers are not eligible for this benefit):</b></p> <ul style="list-style-type: none"> <li>• Orthodontics, including exams, X-rays, surgery, installation of appliance</li> </ul>	Plan pays 50% of UCR up to a lifetime maximum benefit of \$1,250 per person

### ***Extension of Benefits***

If coverage is terminated, benefits may be extended beyond that date for the following:

- Crowns and prosthetic devices that were ordered and fitted prior to the date your coverage was terminated provided they are delivered within 60 days of terminating coverage.
- Services listed on a pre-treatment planning form submitted to the Trust while still enrolled in the plan, provided the services are rendered within 60 days of your termination date. (See “How the Trust Dental Plan Works” on page 36.)

### **How the Trust Dental Plan Works**

Under the Trust Dental Plan, you and your enrolled dependents may go to any licensed dentist for dental care. During your initial appointment, tell your dentist that you have dental benefits through the Trust Dental Plan. Give your member identification number and group number to the dentist. Your ID and group number are printed on your ID card. The group number is 10013296.

## ***How the Plan Pays Benefits***

The Trust Dental Plan pays a percentage of covered expenses, based on usual and customary or reasonable rates (UCR), up to \$1,750 per person per calendar year. There is no maximum for children under 19. UCR rates represent the fees and prices regularly charged by your dentist and other dentists in your area for the dental services and supplies generally furnished for cases like yours. The plan pays orthodontic benefits up to a lifetime maximum of \$1,250 per person. Substitute teachers are not eligible for the orthodontic benefit.

There is no annual deductible for the Trust Dental Plan. However, you are responsible for paying coinsurance for covered services, costs exceeding the UCR, and all expenses over the annual maximum and lifetime orthodontic maximum.

If you select a more expensive plan of treatment than is UCR, the Trust Dental Plan will pay the applicable percentage of the UCR fee for the less expensive treatment. You will be responsible for the remainder of the dentist's fee.

## **MAXIMUM BENEFITS**

The Trust Dental Plan's annual maximum benefit is \$1,750 per eligible person per calendar year. The dollar amount that the plan pays toward covered dental services for you or a dependent during a calendar year is applied toward this annual maximum. If you wish to see how much has been paid toward the annual maximum as of a given date, you may call Regence. You should remember that the amount you will be given will only reflect the bills for service that Regence has received and processed as of the date your inquiry is made.

## ***Predetermination of Benefits***

Predetermination of benefits is a procedure by which your dentist submits a description of your treatment plan **before** work starts. When you or a covered dependent requires dental care, you may ask your dentist to file for predetermination of benefits.

The Trust will review the recommended treatment and notify your dentist of the dollar amounts payable under the plan for the procedures in question. Remember that a predetermination is not a guarantee of payment. To receive benefits for the predetermined services, you or a covered dependent must be eligible when the services are rendered. Predetermined benefits are subject to all plan provisions including the calendar-year maximum of \$1,750 per person.

## What the Plan Covers

The Trust Dental Plan covers the following services when performed by a licensed dentist and when determined to be necessary and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury, including masticatory function. No benefits are payable for services or supplies for which the patient is not liable.

The following services may also be provided by a dental mechanic or denturist to the extent that he or she is operating within the scope of his or her license as required under law in the state of Oregon.

### *Class I Services*

The plan pays 100% of UCR for the following preventive and diagnostic services:

Preventive services, including:

- Cleaning (prophylaxis) two per calendar year, two additional cleanings per year with periodontic issues
- Fluoride application for dependents age 14 and under, two per calendar year
- Sealants for dependents through age 18, once every five years
- Space maintainers.

Diagnostic services, including:

- Routine examination two per calendar year
- Bitewing X-rays two per calendar year
- Full mouth X-rays or panoramic film once every five years.

### *Class II Services*

The following services are paid at 80% of UCR:

- Oral surgery: Surgical extractions and certain other minor surgical procedures, including general anesthesia when administered by a dentist in connection with a covered oral surgery and when given in a dental office
- Restorative: Treatment of tooth decay with amalgam, synthetic porcelain and plastic materials (Refer to "Class III Services" on page 39 for other restorations.)
- Endodontic: Procedures for pulpal therapy and root canal filling
- Periodontic: Treatment of tissues supporting the teeth, including scaling once every three years.

### ***Class III Services***

The plan pays the following services at 80% of UCR:

- Restorative: Treatment of tooth decay with crowns, jackets, and gold or cast restorations, including onlays and implants. Covered only when teeth cannot be restored with other materials. (See “Limitations” on page 40.)

### ***Class IV Services***

The plan pays the following services at 50% of UCR:

- Prosthodontic: Procedures for construction or repair of fixed bridges, partials and complete dentures. (See “Limitations” on page 40.)

### ***Class V Services***

Orthodontic: Benefits will be provided to eligible employees and their covered dependents. The plan pays the following services at 50% of UCR up to a lifetime maximum benefit of \$1,250 per person.

Orthodontia benefits are not covered for substitute teachers.

## **What’s Not Covered**

The Trust Dental Plan has a number of exclusions and limitations. (See “Exclusions” on page 39 and “Limitations” on page 40 for details.)

### ***Exclusions***

The Trust Dental Plan does not cover:

- All other services or supplies not specifically covered (See “What the Plan Covers” on page 38 for details.)
- Charges for canceled appointments
- Claims submitted more than 12 months after the date of rendition of the service
- Experimental procedures
- Hospital costs or any additional fees charged by the dentist because the patient is hospitalized
- Periodontal splinting, including crowns or bridgework for splinting
- Prescribed drugs, pre-medications or analgesia (nitrous oxide)

- Separate charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgical services performed in a dental office. Separate charges for anesthesia when used for restorative procedures are not covered
- Services covered under workers' compensation or employer's liability laws and services covered by any federal, state, county, municipality or other governmental agency
- Services for cosmetic reasons
- Services for plaque control, oral hygiene, or dietary instructions
- Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include, but are not limited to, increasing vertical dimension, equilibration, and periodontal splinting
- Services for repair or replacement of an orthodontic appliance furnished under the plan
- Services for the application of fluoride for children over the age of 14 or adults
- Services for the application of sealants for children over the age of 18 or adults
- Services started prior to the date the individual became eligible for services under the plan
- Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic reasons; including, but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis and disturbance of the temporomandibular joint
- Temporary devices.

### ***Limitations***

The Trust Dental Plan has a number of limitations:

- A separate charge for anesthesia is not covered when used for restorative procedures
- Benefits will be limited to one sealant per tooth during any five-year period
- If a tooth can be restored with a material such as amalgam, silicate or plastic, but another type of restoration is selected, covered expense will be limited to the cost of amalgam, silicate or plastic
- Oral surgery benefits are limited to minor surgical procedures and do not allow payment for services such as vestibuloplasty

- Replacement of an existing prosthetic device is covered only if it cannot be made satisfactory. Replacement is never covered if the existing device is less than seven years old. Specialized or personalized prosthetics are limited to the cost of standard devices
- Replacement of necessary crowns, jackets, and gold or cast restorations, including onlays, is covered only if seven years have elapsed since the last prior crown, jacket, and gold or cast restoration was furnished on the tooth. Inlays are not covered. Alternative benefits may apply
- Sealant benefits for the occlusal surfaces of unrestored permanent bicuspid and first and second molars are limited to children under age 19
- The obligation of the plan to make payments for orthodontic treatment will cease upon termination of treatment for any reason prior to completion of the case
- The obligation of the plan to make payments for orthodontic treatment begun prior to the patient's eligibility date will be calculated on the balance of a dentist's normal payment pattern remaining at the patient's initial eligibility date. The maximum orthodontic benefit amount will apply fully to this amount
- The plan's obligation to make monthly or other periodic payments for orthodontics shall cease on termination of eligibility.

## How to File a Dental Claim

You do not need to fill out claim forms. Your dentist will submit an electronic claim for you. However, you will need to provide the required patient identification information. If your dependents receive services through the Trust Dental Plan, make sure that *your* member identification number and group number are listed on the claim.

Once the claim is processed, the plan pays benefits directly to your dentist. You are notified when the claim has been processed.

