

City of Yreka grp# 3004

Dental Benefits

Maximum Benefit Amount:

Per person per Calendar Year.....\$1,000

Calendar Year Deductible

Per person.....none

Dental Percentage Payable

Preventive.....80%

Basic.....80%

Major.....50%

Waiting Period

12 month waiting period for Major

Orthodontics

Per person.....none

Sealants

Dependant's only.....up to 14yrs

Covered Dependents

Through 22yrs (No FTS verification needed)

Predetermination of Benefits

Any dental treatment for which the charge is expected to be \$300 or more, a predetermination of benefits form **MUST** be submitted.

Covered Dental Services

Class A Service: Preventive Dental Procedures

1. Routine oral exams
 - a) Cleaning and scaling of the teeth. (Limit of 2 exams per Covered Person per Calendar Year)
2. (1) Bitewing X-Ray series each Calendar Year.
3. (1) Full mouth X-Ray each 36 months. (Does not include Pano)
4. (1) Fluoride treatment each Calendar Year.
5. Space maintainers for children under the age of 19 to replace primary teeth.

Class B Service: Basic Dental Procedures

1. Dental X-Rays (radiographs) not included in Class A.
2. Oral Surgery. This is limited to removal of teeth, preparation of the mount for dentures and removal of tooth-generated cysts of less than ¼ inch.
3. Periodontics
4. Endodontics
5. Extractions. This service includes the giving of anesthesia.
6. Recementing bridges, crowns or inlays.
7. Fillings, other than gold.

Class C Service: Major Dental Procedures

(12 month waiting period applies)

1. Gold restorations, including:
 - a) Inlays
 - b) Onlays and foil fillings
 - c) Crowns, bridges, dentures, and partials
 - d) Temporary's
 - e) Replacement-every 5 years.

Exclusions

1. Prior extractions
2. Splinting
3. Lost or stolen appliances
4. TMJ
5. Implants
6. Bleaching