




## Benefit Summary for SCCC Dental Care Program

July 1, 2011 – June 30, 2012

This Dental Care Program offers complete coverage for preventive services, along with additional coverage for primary and major dental services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year. Dependents to age 26.

Covered Services								
<b>Primary</b> <ul style="list-style-type: none"> <li>• Oral examinations</li> <li>• Periapical and bitewing x-rays</li> <li>• Fluoride (under age of 21)</li> <li>• Prophylaxis, including cleaning, scaling and polishing</li> <li>• Sealants (one application every four years for each eligible individual age 5-17 for permanent first and second molars)</li> </ul>	<ul style="list-style-type: none"> <li>• Repair of dentures</li> <li>• Emergency treatment for pain</li> <li>• Fillings (except gold)</li> <li>• Inlays</li> <li>• Simple extractions</li> <li>• Endodontics, including pulpotomy, pulp capping and root canal treatment</li> <li>• General anesthesia when the dental treatment is covered</li> </ul>	100% payment						
<b>Supplemental Primary</b> <ul style="list-style-type: none"> <li>• Space maintainers</li> <li>• Oral surgery</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays (not part of a bridge) subject to 240-day waiting period*</li> <li>• Crowns (not part of a bridge) subject to 240-day waiting period*</li> </ul>	50% payment						
<b>Prosthodontics</b> <ul style="list-style-type: none"> <li>• Full or partial dentures – subject to 240-day waiting period*</li> <li>• Bridges – subject to 240-day waiting period*</li> <li>• Dental implant services (\$1,000 lifetime max per insured, per arch) – subject to 240-day waiting period*</li> </ul> <p style="margin-top: 10px;">Benefits are not provided for denture or bridge replacement within five years after receiving dentures or bridges under this program. Benefits are limited to standard procedures for prosthodontic services.</p>		50% payment						
<b>Periodontics</b> <ul style="list-style-type: none"> <li>• Periodontic treatment of the gum, consisting of examination, management and surgery</li> <li>• Surgery of the bony structure supporting the teeth</li> </ul>		100% payment						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Monthly Premium</th> <th style="text-align: center; border-bottom: 1px solid black;">Single</th> <th style="text-align: center; border-bottom: 1px solid black;">Family</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Dental</td> <td style="text-align: center; padding: 5px;">\$37.97</td> <td style="text-align: center; padding: 5px;">\$89.28</td> </tr> </tbody> </table>	Monthly Premium	Single	Family	Dental	\$37.97	\$89.28		
Monthly Premium	Single	Family						
Dental	\$37.97	\$89.28						

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**Contracting Dentists** — Payment will be the maximum allowable charge for covered dental services. Payment will be sent directly to the dentist. The member will only be responsible for any coinsurance amounts and any charges for non-covered services.

**Non-Contracting Dentists In Company Service Area** — The maximum allowance paid will be 80 percent of the allowance paid to a contracting dentist for the same service. The member will be responsible for the remaining 20 percent. The member will also be responsible for any difference between the payment allowance and the provider's charge, in addition to any coinsurance amounts and any charges for non-covered services. Payment will be sent directly to the member.

**Non-Contracting Dentists Outside Company Service Area** — Payment is based on usual, customary and reasonable charges. If the member does not sign payment over to the dentist, or the dentist does not submit the claim on the member's behalf, payment will be sent directly to the member.

**Coinsurance** — The coinsurance will be applied to the payments of a contracting dentist or a non-contracting dentist as described.