

Lucas County Dental Plans Summary of Benefits and Coverage

The benefit plan year for ALL benefits begins March 1, 2017 and continues through February 28, 2018.

The following information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Certificate of Coverage" or the "Plan Document" on the Lucas County Employee Benefits website for each respective health care plan if further clarification is needed. In the event of a conflict between this information and the "Certificate of Coverage" or the "Plan Document", the Certificate/Plan Document shall control.

PRE-DETERMINATION: If treatment is expected to cost in excess of \$200, a pre-determination or an estimate of the dentist's charges should be sent to (NFP Benefit Alliance or Superior) **before** treatment begins. This procedure is explained in the Lucas County Benefit Plan Document and the Superior Certificate of Coverage.

Benefits	Lucas County Traditional Dental Plan (Administered by NFP Benefit Alliance)	Superior Dental Care PPO (Administered by Superior Dental Care)	Corner Dental- Patient's Choice Dental Plan (Administered by NFP Benefit Alliance)
Network	No network **Does provide a DenteMax overlay. If you utilize a Dentemax provider you may see increased savings.	All dental & orthodontia services <u>must</u> be provided through the Superior network of dental providers or no benefit will be paid. Verify name and <u>address</u> of providers that have multiple locations.	<u>All</u> services must be provided through Corner Dental providers or no benefit will be paid.
Deductibles & Maximums	<u>Annual Deductible:</u> \$25 Single \$75 Family (No more than \$25 is applied to one family member) <u>Annual Maximums:</u> \$1,000 per person <i>per benefit period</i>	<u>Annual Deductible:</u> \$25 Single \$75 Family (No more than \$25 is applied to one family member) <u>Annual Maximums:</u> \$1,500 per person <i>per benefit period</i>	<u>Annual Deductible:</u> \$25 Single \$75 Family (No more than \$25 is applied to one family member) <u>Annual Maximums:</u> \$1,000 per person <i>per benefit period</i>
Aid to Preventative Dentistry			
	Covered 100% up to the UCR (Usual, Customary & Reasonable) No deductible required Cost of Services are applied to the annual maximum	Covered 100% No deductible required Cost of Services are applied to the annual maximum	Covered 100% up to the negotiated network reimbursement No deductible required Cost of Services are applied to the annual maximum
Preventative Services Include:	<ol style="list-style-type: none"> 1. Prophylaxis (Cleaning)- 2 per benefit period 2. Topical Fluoride-2 per benefit period 3. Oral Exam- 2 per benefit period 4. Bite wing x-ray- 1 per benefit period 5. Full mouth x-rays- Once every 60 months 6. Space Maintainers 	<ol style="list-style-type: none"> 1. Prophylaxis (Cleaning)- 2 per benefit period 2. Topical Fluoride-2 per benefit period 3. Oral Exam- 2 per benefit period 4. Bite wing x-ray- 1 per benefit period 5. Full mouth x-rays- Once every 60 months 6. Space Maintainers 	<ol style="list-style-type: none"> 1. Prophylaxis (Cleaning)- 2 per benefit period 2. Topical Fluoride-2 per benefit period 3. Oral Exam- 2 per benefit period 4. Bite wing x-ray- 1 per benefit period 5. Full mouth x-rays- Once every 60 months 6. Space Maintainers

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Preventative Services cont'd:	7. Sealants on permanent molars-once every 36 months (up to 16)	7. Sealants on permanent molars-once every 36 months (up to 16)	7. Sealants on permanent molars-once every 36 months (up to 16)
Basic Restorative Treatments			
	Covered 80% up to UCR (Usual Customary & Reasonable) Deductible is required Services are applied to annual maximum	Covered 80% of Contracted Fee Deductible is required Services are applied to annual maximum	Covered 80% up to negotiated network reimbursement. Deductible is required Services are applied to annual maximum
Basic Restorative Treatments include, but not limited to:	<ol style="list-style-type: none"> 1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation 	<ol style="list-style-type: none"> 1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation 	<ol style="list-style-type: none"> 1. Denture and bridge repair 2. Fillings 3. Simple extractions 4. Emergency treatment-temporary relief of pain 5. Oral surgery and complex extractions 6. Periodontal Cleaning 7. Periodontal therapy & surgery (gum disease) 8. Endodontic therapy & surgery (root canal) 9. Injections 10. Anesthesia & sedation
Major Restorative Treatments			
	Covered 70% up to the UCR (Usual Customary & Reasonable) Deductible is required Services are applied to annual maximum	Covered 70% of Contracted Fee Deductible is required Services are applied to annual maximum	Covered 70% up to negotiated network reimbursement. Deductible is required Services are applied to annual maximum
Major Restorative Treatments include, but not limited to:	<ol style="list-style-type: none"> 1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework 	<ol style="list-style-type: none"> 1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework 	<ol style="list-style-type: none"> 1. Inlays and crowns 2. Dentures, full or partial 3. Replacement or addition of teeth 4. Implants 5. Bridges, fixed and removable dentures or bridgework
Orthodontia	No orthodontia coverage	Pays 80% of an approved treatment plan up to \$1,000 per member up to age 19.	No orthodontia coverage.