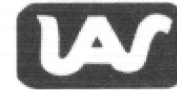

Archdiocese of San Francisco
Dental Summary of Benefit Coverage

NAME OF PLAN	**Archdiocese of San Francisco Dental Plan**
COMPANY NUMBER	**85-51**
CLAIMS ADMINISTERED BY:	**UNITED ADMINISTRATIVE SERVICES**

Ask your dentist to complete a Universal Dental Claim Form. If your dentist will not file the claim for you, then you can submit the proper dental claim form, available from your Trustor / Employer.

Dental Claims can be submitted to:

UNITED ADMINISTRATIVE SERVICES
Attn: Claims – Company Number 85-51
P. O. Box 5057
San Jose, CA 95150-5057

Effective Date of Coverage	Coverage for basic and preventive procedures is effective the same date that your coverage begins under a sponsored medical plan. Coverage for major procedures is effective six months after continuous enrollment in a sponsored medical plan.
When coverage ends	Coverage for Plan participants and their dependents ends on the last day of the last month of eligibility.
Annual Maximum Benefit	**$1,750**
Annual Calendar Year Deductible	**$35 per covered person; maximum of two deductibles per family ($70)**
How Benefits Are Paid: • Preventive Dental Services • Basic Dental Services • Major Dental Services	The Plan considers eligible charges (subject to usual and customary fees) at the following percentages: ▪ Preventive Dental Services are paid at 90%. ▪ Basic Dental Services are paid at 90%. ▪ Major services are paid at 80% (Coverage for major procedures is effective six months after continuous enrollment in a sponsored medical plan.)
Benefit and Claims Questions	UNITED ADMINISTRATIVE SERVICES 1-800-541-8059
Pre-Treatment Estimate	If charges are expected to exceed $300, the dentist should submit the treatment plan to United Administrative Services for predetermination to determine what portion the Plan will pay.

YOUR DENTAL PLAN

Your Dental Plan (Plan) is designed to help you meet the expense of dental care by providing a broad range of dental benefits for you and your covered family members. The Plan encourages preventive dental care and treatment of minor problems before they become serious, as well as providing meaningful benefits if you incur major dental expenses. The Plan provides payment for Covered Dental Expenses which are defined as Eligible Charges for services and supplies necessary for treatment of a dental condition.

Please review this Plan thoroughly to gain better understanding of your options and how the Plan will or will not reimburse you. Since dental expenses are shared by you and your Trustor/Employer group, it is to your advantage to be a careful, informed consumer of your dental care services. For more specific information about eligibility, amounts of coverage and when coverage begins, refer to your Summary of Coverage.

ANNUAL DENTAL DEDUCTIBLE

The **Annual Dental Deductible** is the amount of Covered Dental Expenses that you must pay each calendar year before you receive benefits from the Plan. Covered Dental Expenses are subject to an Annual Dental Deductible per Covered Person, unless otherwise indicated. (Refer to the *Summary of Coverage*)

MAXIMUM CALENDAR YEAR BENEFIT

The **Maximum Calendar Year Benefit** is a combined maximum of all Covered Dental Expenses payable by the Plan. The Maximum Calendar Year Benefit applies to each Covered Person under the Plan.

BENEFIT PERIOD

A **Benefit Period** is established and benefit payments begin when you or your covered dependent(s) have incurred Eligible Charges which exceed the Annual Dental Deductible amount. The Eligible Charges incurred during a Benefit Period are used in computing the benefit payments.

Benefit Period terminates on the last day of the calendar year in which it was established.

COVERED DENTAL EXPENSES

The following is a list of dental procedures considered by the Plan. After the Annual Dental Deductible is satisfied, unless otherwise indicated, the Plan will consider the following Covered Dental Expenses at the percentage shown in your *Summary of Coverage*. These Eligible Charges are covered only to the extent they are usual and customary for services and supplies normally used for treatment of that condition and compared to similar expenses in the same locality.

PREVENTIVE CARE

- Charges for cleaning and scaling of teeth but not more than once every 6 months.
- Charges for fluoride application to a covered dependent child's teeth (up to age 14), but not more than once in a calendar year.
- Charges for routine diagnostic services to determine necessary care, but limited to:
  - charges for full mouth X-rays once in a 3-year period;
  - charges for bitewing X-rays once in a 6-month period; and
  - charges for diagnostic oral examination once in a 6-month period.

BASIC CARE

- Charges for space maintainers and their fitting for covered dependent child (up to age 14).
- Charges for sealants for a covered dependent child (up to age 14).
- Charges for other dental X-rays as required in connection with the diagnoses of a specific condition requiring treatment.
- Charges for extraction of one or more teeth, cutting procedures in the mouth (oral surgery), but not including additional charges for removal of stitches or post-operative examination.
- Charges for emergency treatment for relief of dental pain on a day for which no other benefits (other than X-rays) are payable thereunder.

- Charges for treatment of gums and supporting structure of the teeth (periodontics).
- Charges for root canals and other endodontic treatment
- Charges for general anesthesia administered in connection with a covered oral surgery procedure.
- Charges for injectable antibiotics administered by a dentist or physician.
- Charges for fillings, amalgam, synthetic porcelain, and plastic restorations (except gold, see Major Care).

MAJOR CARE

- Initial placement, repair or recementing of inlays, onlays, gold fillings, fixed bridgework, partial or full dentures (excluding adjustment for the six month period following installation) or crowns.
- Replacement of existing bridgework or crowns by new bridgework or crowns, or the addition of teeth on existing bridgework. However, only replacements and additions that meet the "Prosthesis Replacement Rule" will be covered.
- Replacement of an existing partial or full denture by a new denture, or the addition of teeth to a partial removable denture.
- This benefit is subject to the "Prosthesis Replacement Rule."
- Charges for installation of a dental appliance, crown, bridge or gold restoration furnished within 30 days after the date of termination of a Covered Person under the Plan will be considered covered dental charges if:
    - An impression for such appliance is taken prior to the date of termination of the Plan;
    - The tooth was prepared for the crown, bridge or gold restoration prior to the date of termination of the Plan; and
    - The Covered Person is not entitled to payment for such installation under other dental plans of any type or source.

PLEASE NOTE: The *Prosthesis Replacement Rule* requires that replacements or additions to existing dentures or bridgework will be covered only if evidence is furnished to the Claims Administrator that the existing denture or bridgework cannot be made serviceable and was installed at least 5 years prior to its replacement.

PRETREATMENT ESTIMATE

When charges for a proposed course of treatment are expected to exceed $300, a Pretreatment Estimate is recommended. By obtaining a Pretreatment Estimate, you have an advance estimate of what portion of the cost will be covered by the Plan and what portion you might have to pay yourself.

A dentist's treatment plan is filed with the Claims Administrator for review before beginning the course of treatment. This treatment plan details the condition of the patient's mouth, the dentist's proposed service and the charges for those services. The Claims Administrator will review the treatment plan and will notify your dentist of the estimated benefits payable based on the planned course of treatment. If a description of the procedures to be performed and an estimate of the dentist's charges are not submitted in advance, benefits will be payable in accordance with the standard features of the Plan.

Pretreatment Estimates are not intended to interfere with the dentist/patient relationship. Rather, they are intended to provide useful information to you and your dentist. You are informed, in advance, of the course of treatment, estimated benefits payable for the proposed course of treatment and expenses which will remain your full responsibility.

DENTAL LIMITATIONS & EXCLUSIONS

No dental benefits are payable for any charges incurred unless:

- It is for treatment that is a generally accepted dental practice and the charge is usual and customary in amount;
- It is for a service or supply that is certified by the attending dentist as necessary for the dental health of a Covered Person;
- It is incurred while the Covered Person is covered under the Plan; and
- Treatment is performed by a legally qualified dentist or by a licensed physician acting within the scope

of his license or by a licensed dental hygienist acting within the scope of his license and under the supervision and direction of a legally qualified dentist.

No dental expenses, except as provided in the Covered Dental Expenses section, shall be payable. In addition, the following services are specifically excluded;

- Services and supplies required as a result of accidental injury which occurred during any employment for pay or profit.
- Services and supplies required as a result of sickness for which the Covered Person is entitled to indemnity under any Workers' Compensation or similar law. This applies whether or not the Covered Person has declined participation under such law.
- Services and supplies provided by any government sponsored plan in which the Covered Person is eligible to participate.
- Services, including any type of prosthesis, started prior to the effective date of the Plan or prior to the date the Covered Person became covered under the Plan.
- Any charges for services of a person who usually lives in the same household as the Covered Person or who is a member of his immediate family or the family of his spouse.
- Services and supplies received after the termination of coverage under the Plan except for prosthetic devices which were fitted and ordered prior to the termination and which are delivered within 30 days after termination.
- More than one cleaning, oral examination, or bitewing X-rays in any 6 consecutive months or full mouth X-rays more than once in any 3-year period.
- Cosmetic treatment, experimental treatment, dietary planning or plaque control; oral hygiene instructions; or treatment which does not have general professional approval.
- Services, supplies and appliances which, by accepted standards of dentistry, are more elaborate than those customarily employed. In all cases in which there are optional treatments available which produce a professionally satisfactory result, only the least costly alternative will be considered eligible under This Plan.
- The adjustment of a prosthetic device within 6 months after the device was first installed, but omitted in the original expense of the device.
- Appliances or prosthodontic devices which have been lost, misplaced or stolen.
- Rebasing or relining a denture in less than 6 months from the date of initial placement or for the performance of such service more often than once in any 2-year period.
- Implants or surgical removal of implants. However, the Plan will apply the equivalent of a standard complete or partial denture toward the cost of implants and associated devices. If an allowance is made toward the cost of implants, the Plan will not pay for any replacement until 5 years have passed.
- Items intended for sports training or home use (i.e., mouth guards, toothpaste, Interplak or any type of toothbrush, etc.).
- Hospital charges and prescription drug charges (except as indicated in the Basic Care provisions of the Plan).
- Service and supplies which the Covered Person receives without an obligation to pay and would not have been billed for if the Covered Person did not have This Plan.
- Any charges related to Temporomandibular Joint Syndrome (TMJ).
- Local analgesia, including nitrous oxide.
- Charges for canceled appointment or for completion of claim forms.
- Dental care treatment required because of intentionally self-inflicted injury, war (declared or undeclared), engaging in a riot or an insurrection or committing a felony.
- Orthodontic treatment or services including the correction of malocclusion, unless otherwise specified.
- Charges for claims submitted more than 12 months from the date of service.
- Services for congenital (hereditary or developmental (following birth) malformations; cosmetic surgery

or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw malformations, enamel hypoplasia (lack of enamel development), fluorosis (tooth discoloration) and anodontia (congenitally missing teeth).

- Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to malalignment of teeth or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
- Prescribed drugs, pre-medication or analgesia, unless otherwise indicated.
- Extra-oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Medical Surgical procedures.
- Devices to control harmful habits (night guards, etc.)