



## Benefit Summary

### XENIA COMMUNITY SCHOOLS PPO Plan

**Benefit Plan Number:** C586

**Benefit Year:** The 12 month period beginning January 1st and ending December 31st (calendar year)

**Annual Maximum Benefit:** \$1500 per Member

**Orthodontic Lifetime Maximum Benefit:** \$1000 per Eligible Member  
Limited to eligible dependent children under age 19

**Deductible:** \$25 per Member, per Benefit Year  
\$50 per Family, per Benefit Year  
The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	In Network		Out-of Network	
		Percentage of Allowable Expense Paid by the Plan	Member Copayment	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None	100%	None
Basic Benefits	Yes	80%	20%	80%	20%
Major Benefits	Yes	50%	50%	50%	50%
Orthodontic Benefits	No	50% <small>Limited to eligible dependent children under age 19</small>	50%	50% <small>Limited to eligible dependent children under age 19</small>	50%

Out of network claims are reimbursed at the Advantage 900 level.

Endodontic Services are covered as Basic Benefits.

Periodontic Services are covered as Basic Benefits.

Sealants are covered as Preventive Benefits.

Implants are covered as Major Benefits.

Dependent children are eligible for coverage until age 26.

A complete description of covered services, limitations and exclusions is available in the Certificate of Insurance.

Members who receive services from a non-participating provider are subject to balance billing.

# Covered Services

## STANDARD GROUP CONTRACT

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

### Preventive Benefits

#### PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Bitewing X-Rays:** limited to one set each year
- Vertical bitewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films each year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

### Basic Benefits

#### DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

#### SEALANTS

- Permanent molar teeth:** limited to children under 15 years of age and once every five years per tooth

#### SPACE MAINTAINERS

- Fixed band type:** only with prior authorization, limited to children under age 19

#### ORAL SURGERY

*Includes local anesthesia and routine postoperative care.*

##### Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

##### Surgical extractions

- Removal of an erupted tooth (uncomplicated)

##### Incision and drainage of abscess

##### Biopsy and examination

**General anesthesia or intravenous sedation:** only when necessary and provided in connection with oral surgery

#### PERIODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

**Emergency treatment (periodontal abscess, acute periodontitis, etc.)**

**Periodontal scaling and root planing:** limited to four quadrants each year as definitive treatment when pocket depths of at least 4mm are demonstrated

**Surgical periodontics (including post-surgical visits):** limited to two additional recalls in the first year following complex surgery

**Gingivectomy, osseous and muco-gingival surgery, gingival grafting**

**Guided tissue regeneration**

**Periodontal maintenance procedure:** limited to two each year following a history of periodontal disease

#### ENDODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

**Root canal therapy, traditional**

**Retreatment of previous root canal:** must be at least three years following previous root canal on same tooth

**Recalcification and apexification**

#### RESTORATIVE SERVICES

*Includes local anesthesia. Multiple restorations on single surface considered as a single restoration*

**Restorations (amalgam, composite and sedative fillings):** limited to once every two years per tooth (same surfaces only)

**Pins:** pin retention as part of restoration when used instead of gold or crown restoration

**Stainless-steel crowns** when tooth cannot be adequately restored with filling material

**Recementation** of inlays, onlays, crowns, bridges, and space maintainers

**Repairs** to crowns and bridges

#### FULL AND PARTIAL DENTURE REPAIRS

**Repair broken complete or partial dentures**

**Replacement of broken teeth on complete or partial denture**

**Additions to partial denture to replace extracted natural teeth**

### Major Benefits

#### RESTORATIVE SERVICES

*Limited to once in five years on the same tooth*

**Gold restorations and crowns** are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge

**Inlays, Onlays, Crowns, Post and Core**

#### ORAL SURGERY

*Includes local anesthesia and routine postoperative care*

##### Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

##### Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

#### PROSTHODONTIC SERVICES

**Fixed bridge:** limited to one original or replacement prosthesis every five years

**Complete upper or lower denture:** limited to one original or replacement prosthesis every five years

**Partial upper or lower denture:** limited to one original or replacement prosthesis every five years

**Relining and rebasing:** limited to once every three years

### Orthodontic Services\*

*Orthodontic benefits refer to plan design for individual lifetime maximum*

**Comprehensive orthodontic treatment**

**Other orthodontic treatment:** limited to one appliance per individual

**Appliance for tooth guidance**

**Orthodontic retention appliance**

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum

**Call us at (800) 367-9466 or visit our website at [DentalCarePlus.com](http://DentalCarePlus.com)  
with any questions you have about service or coverage.**



## ADDITIONAL COVERED SERVICES

Additional Covered Dental Services and Limitations:

*Implant Services* are covered as *Major Benefits* as follows:

Implants.....	limited to one original or replacement implant every five years (per tooth)
Implant abutments.....	limited to one original or replacement implant abutment every five years (per tooth)
Implant and abutment..... Supported crowns, Bridges and dentures	limited to one original or replacement prosthesis every five years (per tooth)

Implants in replacement of natural teeth which were extracted while the individual was not covered under the Plan are excluded from coverage.



# The details.



## Online Member Tools

### Member Services Portal

Sign up for The Dental Care Plus Group's (DCPG) member portal to check up-to-date claims and benefit information, order new ID cards, access the dental cost estimator and browse the dental education content in our Oral Health Center. Visit [DentalCarePlus.com](http://DentalCarePlus.com), select GROUP MEMBER in the top right corner, then click on LOGIN to get started.

### Find a Dentist

Locate an in-network general dentist or specialist practicing near your work or home with our easy-to-use online provider search. Plus, you can download a map and driving directions, right then and there.

Visit [fad.dentalcareplus.com](http://fad.dentalcareplus.com) or click on the Find a Dentist tab at the top of DCPG's home page, choose your plan type (found on your member ID card), then decide if you want to search by ZIP code, county or the dentist's last name. You can refine your search even further by the dentist's specialty.

If you don't see your dentist listed in our online directory, you can submit a nomination form and we will invite them to start the process of joining our network.

### Member E-letter

In our Member Checkup e-letter, we update you on the latest oral health news and research as well as provide tips on how to get the most value out of your benefits.

Visit [DentalCarePlus.com/members](http://DentalCarePlus.com/members) and click on the link in the right column to sign up for the Member Checkup e-letter. You can unsubscribe at any time.

**For more information, call (800) 367-9466  
or visit [DentalCarePlus.com](http://DentalCarePlus.com).**

T H E P L U S I S S E R V I C E

### Frequently Asked Questions About the Member Portal

- Q.** Where do I find my member ID number and group number?
- A.** The member ID number is located in the upper right-hand corner of your member ID card, while the group number is in the upper left-hand corner. All member numbers contain the prefix HPL.
- Q.** How do I change my contact information?
- A.** To change your contact information through the member portal, click on GROUP MEMBER in the top right corner of the DCPG website. Then login to the portal and click change address. Or you can call our customer service representatives at (513) 554-1100 or toll free at (800) 367-9466 and they will be happy to assist you.
- Q.** Who do I contact if I'm having trouble registering for the member portal?
- A.** Contact our customer service representatives at (800) 367-9466, Monday – Friday from 8 am – 4:30 pm Eastern Standard Time.
- Q.** Who do I contact for help with my password/login information?
- A.** Contact our customer service representatives at (800) 367-9466.