



**CENTRAL VALLEY
DENTAL PARTNERS**

The EdCare Group Summary of Dental Benefits

	IN-NETWORK	OUT-OF-NETWORK
<p>Diagnostic & Preventive Services</p> <ul style="list-style-type: none"> ▪ Oral examinations (once every 6-months) ▪ Bitewing X-rays (once every 6 months for children to age 18; once every 12 months for adults over age 18) ▪ Full mouth X-rays (once in a 5-year period) ▪ Emergency palliative treatment ▪ Prophylaxis (once every 6-months) ▪ Fluoride treatment (once every 6-months to age 18) ▪ Space maintainers (to treat premature loss of primary teeth) ▪ Application of sealants (on permanent first and second molars with no restorations and the occlusal surface intact; first molars to age 9 and second molars up to age 14; does not include the repair or replacement of a sealant on any tooth within 3 years of application) 	<p>Coverage Incentive level 70%, 80%, 90%, 100%</p>	<p>Coverage Incentive level 70%, 80%, 90%, 100% (Fees based on MAC*)</p>
<p>Basic Services</p> <ul style="list-style-type: none"> ▪ Restorations (amalgam, synthetic, plastic, or resin fillings) ▪ Periodontics ▪ Endodontics ▪ Oral surgery (surgical procedures including extractions, incision and drainage of abscesses; and administration of anesthesia and post-operative care) ▪ Crowns, jackets, inlays, onlays, and cast restorations are a benefit only if teeth cannot be restored with amalgam, plastic, or composite restorations (on the same tooth, benefit only once every 5 years) 	<p>Coverage Incentive level 70%, 80%, 90%, 100%</p>	<p>Coverage Incentive level 70%, 80%, 90%, 100% (Fees based on MAC*)</p>

*MAC based on the 100th percentile of the National Dental Advisory Survey Fee Report

The EdCare Group

Summary of Dental Benefits

	IN-NETWORK	OUT-OF-NETWORK
<p>Major Services</p> <ul style="list-style-type: none"> ▪ Installation of fixed bridges to replace one or more missing natural teeth (prosthodontic appliances are benefits once every five years) ▪ Installation of partial dentures and complete dentures if provided to replace missing natural teeth (includes all adjustments made during the 6-month period following installation; prosthodontic appliances are benefits once every five years) ▪ Installation of precision attachments for removable dentures; repair of full or partial dentures including addition of clasps, rests, or teeth to existing partial removable dentures. ▪ Rebasing or relining removable dentures (limit twice per year) 	<p>Coverage -50%</p>	<p>Coverage – 50% (Fees based on MAC*)</p>
<p>Orthodontia</p>	<p>Coverage-50%</p>	<p>Coverage-50% (Fees based on MAC*)</p>
<p>Maximum benefit/person/calendar year</p>	<p>\$1,500</p>	<p>\$1,500</p>
<p>Lifetime maximum orthodontia benefits/person</p>	<p>\$1,250</p>	<p>\$1,250</p>
<p>Deductibles</p>	<p>None</p>	<p>None</p>
<p>Predetermination of benefits When a course of dental treatment is expected to exceed \$300, predetermination of benefits is recommended. The Dentist should submit a claim form outlining the prescribed course of treatment. CVDP will notify the Dentist and patient of the allowable coverage under this Plan.</p>	<p>\$300</p>	<p>\$300</p>

*MAC based on the 100th percentile of the National Dental Advisory Survey Fee Report