



Custom Student Voluntary Dental Plan for Samuel Merritt University Student Health Plan

Plan Advantages

- You and your covered family members can take advantage of one of the largest dental networks in California with nearly 13,000 dentists
- You can enjoy negotiated rates and no payment due at time of service (excluding any applicable copayments) from network dentists
- No claim forms from network dentists

How The Plan Works

Your Student Voluntary Dental Plan is a preferred provider organization (PPO) plan from BC Life & Health, an affiliate of Anthem Blue Cross.

The Student Voluntary Dental Incentive Plan provides you with the freedom to select virtually any licensed dentist. You are responsible for the calendar year deductible and for your portion of the covered services.

Participating Dentist

If you choose a PPO participating dentist, you take advantage of negotiated rates. The negotiated rate is the amount a participating dentist agrees to accept as payment in full for covered services. The negotiated rate is usually lower than the participating dentist's normal charge. By choosing a participating dentist, you will not be responsible for any amount in excess of the negotiated rate for covered services. Please note that you must verify that the dentist you use is a member of the Prudent Buyer PPO network.

Non-Participating Dentist

If you choose a licensed dentist who does not participate in the Prudent Buyer PPO network, you

are not eligible for negotiated rates and your out-of-pocket expenses may be greater. You are responsible for the calendar year deductible and for any amount over the maximum payment amount that is shown in the *Reimbursement Schedule*. You may also be asked to pay your portion of the bill at the time of service and submit claim forms for reimbursement. The maximum payments BC Life & Health will pay for covered services from non-participating dentists are shown in the *Reimbursement Schedule*. For example: If you have a complete series of intraoral X-rays taken, the maximum payment by BC Life & Health will be \$60. If the dentist charges you more than \$60, you are responsible for the balance of the cost.

Filing A Claim

When you use a participating dentist, you do not need to submit a claim form for covered dental expenses. Your participating dentist will complete and submit the claim form to BC Life & Health. BC Life & Health will pay the benefits of the plan directly to your dentist. If your dentist is not in the network, you must complete and submit your own claim forms.

Customer Service

A Customer Service Representative is available to answer your questions and inquiries at (800) 627-0004.

Annual Maximum

Dental benefits are limited to a maximum payment for expenses incurred by each insured person during a calendar year. Please refer to the amount on the chart.

Summary of Benefits

Policy Year Deductible	\$25/insured person
Annual Maximum	\$1,500/insured person
Predetermination of Benefits	Charges in excess of \$350

Covered Expense	Plan payments will be applied to the lesser of the charges billed by the provider or the following:
PPO Dentists	The Prudent Buyer Dental Plan negotiated rate or fee. <i>When using a participating dentist, insured persons are <u>not</u> responsible for the difference between the provider's usual charges and the negotiated amount.</i>
Non-PPO Dentists	Amounts in the Reimbursement Schedule under Maximum Payment. <i>When using a non-participating dentist, insured persons are responsible for any amount over the maximum payment amount.</i>

Covered Services	Below is a partial list of services. Please see the Reimbursement Schedule.
	<i>Reimbursement Schedule</i>

Covered Services	PPO Dental Program Maximum Payment	
	PPO Dentists	Non-PPO Dentists
Diagnostic		
0120 – Periodic oral evaluation (limited to 2/year)	100%	\$18
0150 – Comprehensive oral examinations (limited to 2/year)	100%	\$25
0160 – Detailed & extensive oral evaluation – problem focused, by report (limited to 2/year)	100%	\$49
0170 – Re-evaluation – Limited problem focused (<i>not post-operative visit</i>) (limited to 2/year)	100%	\$28
0180 – Comprehensive periodontal evaluation – new or established patient (limited to 2/year)	100%	\$28
0210 – X-rays – intraoral – <i>complete series (including bitewings)</i>	100%	\$60
0220 – X-rays – intraoral – <i>periapical – first film</i>	100%	\$13
0230 – X-rays – intraoral – <i>periapical – each additional film</i>	100%	\$ 8
0240 – X-rays – intraoral – <i>occlusal film</i>	100%	\$17
0250 – X-rays – extraoral – <i>first film</i>	100%	\$16
0260 – X-rays – extraoral – <i>each additional film</i>	100%	\$10
0270 – X-rays – bitewing – <i>single film</i>	100%	\$16
0272 – X-rays – bitewings – <i>two films</i>	100%	\$18
0274 – X-rays – bitewing – <i>four films</i>	100%	\$26
0277 – X-rays – vertical bitewings	100%	\$16
0290 – X-rays – posterior-anterior or lateral skull facial bone survey firm	100%	\$50
0330 – X-rays – panoramic film	100%	\$36
0340 – X-rays – cephalometric film	100%	\$38
Preventive		
1110 – Prophylaxis – adult (limited to 2/year)	100%	\$39
1120 – Prophylaxis – child through age 18 (limited to 2/year)	100%	\$30
1201 – Topical Fluoride – child through age 18 (<i>including prophylaxis</i>) (limited to 2/year)	100%	\$35
1203 – Topical Fluoride – child through age 18 (<i>excluding prophylaxis</i>) (limited to 2/year)	100%	\$14
1205 – Topical Fluoride – adult (<i>including prophylaxis</i>) (limited to 2/year)	100%	\$39

Restorative

2140 – Fillings, amalgams – <i>one surface, primary or permanent</i>	80%	\$42
2150 – Fillings, amalgams – <i>two surfaces, primary or permanent</i>	80%	\$55
2160 – Fillings, amalgams – <i>three surfaces, primary or permanent</i>	80%	\$72
2161 – Fillings, amalgams – <i>four or more surfaces, primary or permanent</i>	80%	\$84
2330 – Resin – <i>one, surface, anterior</i>	80%	\$42
2331 – Resin – <i>two surfaces, anterior</i>	80%	\$55
2332 – Resin – <i>three surfaces, anterior</i>	80%	\$72
2335 – Resin – <i>four or more surfaces, anterior, or involving incisal angle</i>	80%	\$84
2390 – Resin – based composite crown, <i>anterior</i>	80%	\$85
2391 – Resin – based composite, <i>one surface, posterior</i>	80%	\$42
2392 – Resin – based composite, <i>two surfaces, posterior</i>	80%	\$55
2393 – Resin – based composite, <i>three surfaces, posterior</i>	80%	\$72
2394 – Resin – based composite, <i>four or more surfaces, posterior</i>	80%	\$84

Oral Surgery – the following are available benefits after completion of a 6 month waiting period

7111 – Coronal remnants – <i>deciduous tooth</i>	50%	\$39
7140 – Extraction, erupted tooth or exposed root	50%	\$39

This Summary of Benefits is a brief review of benefits. Once enrolled, insured persons will receive the Certificate of Insurance, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.

Voluntary Prudent Buyer Dental Plan Exclusions & Limitations

Services Provided Before or After the Term of This Coverage. Services received before the insured person's effective date. Services received after the insured person's coverage ends, as specified as covered in the Certificate.

Experimental or Investigative Procedures. Any procedures which are considered experimental or investigative or which are not widely accepted as proven and effective procedures within the organized dental community.

Medically Necessary. Any services or supplies which are not medically necessary.

Workers' Compensation. Any work-related conditions if benefits are recovered or can be recovered either by adjudication, settlement or otherwise under any workers' compensation, employer's liability law or occupational disease law, even if the insured person does not claim those benefits.

Government Programs. Services provided by or payment made by any local, state, county or federal government agency, including Medicare and any foreign government agency.

No Charge Services. Services received for which no charge is made to the insured person or for which no charge would be made to the insured person in the absence of insurance coverage.

Results of War. Disease contracted or injuries sustained as a result of war, declared or undeclared, or from exposure to nuclear energy, whether or not the result of war.

Provider Related to Insured Person. Professional services received from a person who lives in the insured person's home or who is related to the insured person by blood or marriage.

Excess Expense. Any amounts in excess of covered dental expense or the Dental Benefit Maximums.

Professionally Acceptable Treatment. If more than one treatment plan would be considered acceptable services for a dental condition, any amount exceeding the cost of the least expensive professionally acceptable treatment plan is not covered.

Transfer of Care. If the insured person transfers from the care of one dentist to another dentist during the course of treatment, or if more than one dentist renders services for one dental procedure, we shall be liable only for the amount we would have been liable for had one dentist rendered the services.

Hospital Charges. Hospital costs and any additional charges by the dentist for hospital treatment.

Services Not Included as a Covered Procedure. Services not specifically provided for by the plan unless they are similar in nature to an included procedure. In such event, the benefit payable will be based on the most nearly comparable services included.

Treatment By An Unlicensed Dentist. Charges for treatment by other than a licensed dentist or physician except charges for dental prophylaxis performed by a licensed dental hygienist, under the supervision and direction of a dentist.

Treatment of the Joint of the Jaw and/or Occlusion Services. Diagnosis, services, supplies or appliances provided in connection with any of the following:

- Any treatment to alter, correct, fix, improve, remove, replace, reposition, restore or otherwise treat the joint of the jaw (temporomandibular joint) or associated musculature, nerves and other tissues for any reason or by any means; or
- Any treatment, including crowns, caps and/or bridges to change the way the upper and lower teeth meet (occlusion); or
- Treatment to change vertical dimension (the space between the upper and lower jaw) for any reason or by any means including the restoration of vertical dimension because teeth have worn down.

Vertical Dimension and Attrition. Procedures requiring appliances or restorations (other than those for replacement of structure lost due to dental decay) that are necessary to alter, restore or maintain occlusion. These include, but are not limited to:

- changing the vertical dimension
- replacing or stabilizing tooth structure lost by attrition, abrasion, or erosion
- realignment of teeth
- gnathological recording
- occlusal equilibration
- periodontal splinting

Prosthetic Replacements.

Crown Replacements. Crowns, inlays, onlays or cast restorations.

Prosthetic Repairs. Repairs, adjustments or relines of full or partial dentures, or other prostheses are not covered.

Lost or Stolen Dentures or Appliances. Replacement of existing full or partial dentures or prosthetic appliances.

Space Maintainers.

Prosthetics Fixed bridges, removable cast partials, cast crowns, with or without veneers, and inlays. Prefabricated stainless steel crowns.

Implants. Implants (materials implanted into or on bone or soft tissue) or the removal of implants.

Malignancies and Neoplasms. Services for treatment of malignancies and neoplasms.

Cosmetic Dentistry. Any services performed for cosmetic purposes, unless they are for correction of functional disorders or as a result of an accidental injury occurring while the insured person was covered for dental benefits under this plan.

Congenital or Developmental Malformation. Services to correct a congenital or developmental malformation including, but not limited to, cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (discoloration of the teeth) and anodontia (congenitally missing teeth).

X-rays. More than one set of full-mouth x-rays or its equivalent in a 36-month period. Periapical and bitewing x-rays submitted individually will be combined and paid up to the amount of a full mouth series.

Bitewing X-rays. Bitewing x-rays in excess of two series for standard in a calendar year.

Oral Exams. Oral exams are limited to two, in any combination, per calendar year.

Prophylaxis or Periodontal Prophylaxis. Prophylaxis or periodontal prophylaxis treatments, singly or in combination, exceeding two treatments in a calendar year.

Periodontics.

Periodontal scaling.

Sealants.

Prescription Drugs and Medications. Any prescribed drugs, pre-medication or analgesia.

Root Canal Therapy.

Oral Hygiene. Oral hygiene instruction.

Oral Surgery – Covered benefits available only after 6 months waiting period.

Overdentures. Overdentures and related services, including root canal therapy on teeth supporting an overdenture.

Restorations. Restorations exceeding one per tooth in a 24-month period. Replacement of existing restoration if replacement occurs within 24 months of the original placement.

Fluoride. Topical application of sodium fluoride or stannous fluoride to the teeth is limited to once in a 12-month period.

Orthodontics. Orthodontic braces, appliances and all related services.

Sports Related Conditions. Expenses incurred for treatment of sport-related accidental injury resulting from interscholastic, intercollegiate, club or professional sports.

Third Party Liability

BC Life & Health Insurance Company is entitled to reimbursement of benefits paid if the insured person recovers damages from a legally liable third party.

Excess Coverage – BC Life & Health Insurance Company will reduce the amount payable under this plan if expenses are covered under any other plan. We will determine the amount of benefits provided by other plans without reference to any coordination of benefits, non-duplication of benefits, or other similar provisions. The amount from other plans includes any amount to which the insured person is entitled, whether or not a claim is made for the benefits. The coverage under this policy is secondary coverage to all other policies.

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