FRESNO UNIFIED SCHOOL DISTRICT
EMPLOYEE HEALTH CARE PLAN

PLAN BOOKLET

DENTAL COVERAGE SECTION

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DENTAL PLANS ALL PLAN OPTIONS A, B, OR C

The Plan offers two separate Dental Plans for active Employees working four (4) or more hours per day and to self-paid Retirees. Retirees must elect Dental coverage at retirement and may not enroll at a later date if dental coverage is initially declined. Dependents of Actives and Retirees are eligible to participate provided the Employee or Retiree contributes 100% of the appropriate Dependent premiums. Contact the District’s Benefit Department for Dependent premium information.

An active Employee may enroll himself or herself and/or the Employee’s Eligible Dependents in either Dental Plan during the 31 days immediately following original eligibility. Once you choose your plan, you will not be allowed to change dental plans until the next Open Enrollment Period unless you have a Special Enrollment event. There is an Open Enrollment Period each year for a 60 day period beginning on October 1st for any changeover date effective January 1.

The Dental Plan selected by the Employee or Retiree also applies to his or her eligible Dependents.

The two Dental programs provided by the Plan are:

- Delta Dental PPO Plan
- Pacific Union Dental

A description of these programs can be found on pages 49 to 54 for Delta Dental and pages 54 through 57 for Pacific Union Dental.
Delta Dental PPO benefits are provided to Active Employees, self-paid Retirees, and Dependents as specified on page 65. This program covers several categories of benefits when the services are provided by a licensed Dentist and are necessary and customary under the generally accepted standards of dental practice.

Delta Dental will pay Delta Dental PPO dentists 100% of the Covered Fees for the Diagnostic, Preventive, Basic, Crown and Restorative Benefits and 50% of Prosthodontic covered fees up to a maximum benefit of $2,000 per calendar year per Covered person.

Dental Accident Benefit of $1,000 is also provided at 100% per Calendar year.

**How Do I Know if My Dentist is a Delta Dental PPO Dentist?**
Your current dentist may be a Delta Dental PPO dentist. If so, you won’t need to change dentists to enjoy additional savings through reduced PPO fees. We recommend that you verify your current dentist’s participation in the Delta Dental PPO network. Simply asking if a dentist “accepts Delta Dental” does not guarantee he or she is a PPO dentist. Make sure you specifically ask if he or she is a **contracted Delta Dental PPO dentist**. We also recommend that you verify your dentist’s participation before each dental appointment. For the most current list of Delta Dental PPO and Premier dentists, visit Delta Dental’s website at deltadentalins.com, or call (800) 756-6003.

Non-PPO Dentists (all other dentists who are not Delta Dental dentists) are paid at 50% of Covered Fees and have a $1,000 maximum benefit per calendar year per Covered person.
## DELTA DENTAL SCHEDULE OF PPO BENEFITS

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>PPO Dentist</th>
<th>Non-PPO Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic Procedures (exam, x-rays and prophylaxis – teeth cleaning)</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Basic Procedures (fillings, single crowns &amp; oral surgery)</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Major Procedures (bridges, partials &amp; dentures)</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Yearly Maximum per Member</td>
<td>$2,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Accident Benefit</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### PREDETERMINATIONS

After an examination, your dentist will talk to you about treatment you may need. The cost of the treatment is something you may want to consider. If the service is extensive and involves crowns or bridges, or if the service will cost more than $300, we encourage you to ask your dentist to request a predetermination.

A predetermination does not guarantee payment. It is an estimate of the amount Delta Dental will pay if you are eligible and meet all the requirements of your plan at the time the treatment you have planned is completed.

In order to receive predetermination, your dentist must send a claim form listing the proposed treatment. Delta Dental will send your dentist a notice of predetermination which estimates how much you will have to pay. After you review the estimate with your dentist and decide to go ahead with the treatment plan, your dentist returns the form to Delta Dental for payment when treatment has been completed.

Computations are estimates only and are based on what would be payable on the date the Notice of predetermination is issued if the individual is eligible. Payment will depend on the individual’s eligibility and the remaining annual Maximum when completed services are submitted to Delta Dental.

Predetermining treatment helps prevent any misunderstanding about your financial responsibilities. If you have any concerns about the predetermination, let us know before treatment begins so your questions can be answered before you incur any charges.
DELTA DENTAL PPO PLAN BENEFITS

THESE RULES APPLY SOLELY TO PARTICIPANTS WHO ARE ENROLLED IN THE DELTA DENTAL PPO PLAN. If You Are Enrolled in Pacific Union Dental, please refer to pages 54 to 57, or call (800) 999-3367 for a complete Summary of your Benefits.

COVERED SERVICES
The Plan's dental benefits cover the following services when a licensed Dentist provides them and when necessary and customary as determined by the standards of generally accepted dental practice. The Plan covers only the cost of the Dentist's services as specified on page 49. In addition, please also refer to "Service Limitations" and "Exclusions" on pages 51 and 53. You and your Dependents will receive maximum Plan benefits by using a Delta Dental PPO Dentist.

PREVENTIVE AND BASIC PROCEDURES

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic</td>
<td>Procedures to assist the Dentist in determining required dental treatment (examinations, x-rays, diagnostic costs, palliative emergency treatment, specialist consultation).</td>
</tr>
<tr>
<td>Preventive</td>
<td>Prophylaxis (cleaning), not more often than twice in any Calendar Year; fluoride treatment; space maintainers; sealants for Dependent children up to age 14.</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>Extractions and certain other surgical procedures, including pre- and post-operative care.</td>
</tr>
<tr>
<td>General Anesthesia</td>
<td>When administered by a Dentist for a covered oral surgery procedure.</td>
</tr>
<tr>
<td>Restorative</td>
<td>Treatment of tooth decay or fracture by use of silver or plastic restoration. Cast restorations and crowns will be provided only when silver or plastic restorations will not suffice.</td>
</tr>
<tr>
<td>Endodontic</td>
<td>Treatment of the tooth pulp.</td>
</tr>
<tr>
<td>Periodontic</td>
<td>Treatment of gums and bones and supporting teeth.</td>
</tr>
</tbody>
</table>

MAJOR PROCEDURES

PROSTHODONTIC SERVICES
Procedures for construction or repair of fixed bridges, partial or complete dentures are payable at 50%.

DENTAL ACCIDENT BENEFITS
Covered Basic and Prosthodontic services are those rendered within 180 days following the date of an accident for conditions caused, directly and independently of all other causes, by external, violent and accidental means. Services rendered more than 180 days after the date of the accident or otherwise outside of the Dental Accident Benefit coverage may be provided as Basic or Prosthodontic benefits, subject to all of the conditions, limitations and exclusions applicable thereto. The dental accident benefit shall pay 100% of covered services, not to exceed $1,000.
COVERED FEES
The term "Covered Fees" means only expenses incurred for necessary treatment received by the eligible Employee, Retiree, and his/her Dependent from a Dentist, which, in the geographical area where treatment is rendered, is the usual and customary procedure for the condition being treated. However, the amount considered as Covered Fees, will not exceed the fees and prices regularly and customarily charged for the treatment generally furnished for cases of comparable nature and severity in such geographical area.

EXTENSION OF BENEFITS
If within 60 days after the Employee, self-paid Retiree or Dependent ceases to be covered under the Plan, a covered expense is incurred for services or supplies furnished in connection with a dental procedure which began prior to the date the coverage ceased, benefits will be payable for such expense, provided that the services or supplies are still covered by the Plan on the date such expense occurred.

SERVICE LIMITATIONS
Dental benefits are subject to the following limitations:

1. An oral examination twice in a Calendar Year.

2. Full-mouth x-rays once in a three-year period.

3. Bitewing x-rays are provided on request by the Dentist, but no more than twice in any Calendar Year.

4. Only the first two cleanings, fluoride treatments, or single procedures which include cleaning, or combination thereof, in a Calendar Year.

5. Sealant is limited to eligible Dependent children under age 14. Sealant benefits include the application of sealants only to permanent posterior molars without caries (decay), without restorations and with the occlusal surface intact. Sealant Benefits do not include the repair or replacement of a sealant on a tooth within three years of its application.

6. Crowns, Inlays, Onlays and Cast Restorations on the same tooth only once every five years, unless Delta Dental determines that replacement is required because the restoration is unsatisfactory as a result of poor quality of care, or because the tooth involved has experienced extensive loss or changes to tooth structure or supporting tissues since the restoration.

7. Prosthodontic appliances only once every five years, while eligible under any Delta Dental Plan, unless Delta Dental determines that there has been such an extensive loss of remaining teeth or a change in supporting tissues that the existing appliance cannot be made satisfactory. Replacement of a prosthodontic appliance not provided under a Delta plan will be made if it is unsatisfactory and cannot be made satisfactory.

8. Delta Dental will pay the applicable percentage of the Dentist's fee for a standard partial or complete denture. A standard partial or complete denture is defined as a removable prosthetic appliance provided to replace missing natural, permanent teeth, which is made from accepted materials and by conventional methods.

9. Implants (appliances inserted into bone or soft tissue in the jaw, usually to anchor a denture) are not covered by your plan. However, if implants are provided along with a covered prosthodontic appliance, Delta Dental will allow the cost of a standard partial or complete denture toward the cost of the implants and the prosthodontic appliances when the prosthetic appliance is completed. If Delta Dental makes such an allowance, Delta Dental will not pay for any replacement for five years following the completion of the service.
10. If you select a more expensive plan of treatment than is customarily provided or specialized techniques, an allowance will be made for the least expensive, professionally acceptable, alternative treatment plan. Delta Dental will pay the applicable percentage of the lesser fee for the customary or standard treatment and you are responsible for the remainder of the Dentist’s fee.

For example: a crown where an amalgam filling would restore the tooth; or a precision denture where a standard denture would suffice.

11. Delta Dental will pay Dental Accident Benefits when services are provided within 180 days following the date of accident and shall not include any services for conditions caused by an accident occurring before your eligibility date.

DELTA DENTAL PPO PLAN EXCLUSIONS

| These rules apply solely to participants who are enrolled in Delta Dental PPO plan. |
| If you are enrolled in Pacific Union Dental, please refer to pages 54 to 57, or at (800) 999-3367 for a complete summary of your benefits. |

Delta Dental benefits are subject to the following exclusions:

1. Services for injuries covered by Workers’ Compensation or Employer’s Liability Laws.

2. Services which are provided to the Enrollee by any Federal or State Governmental Agency or are provided without costs to the Enrollee by any municipality, county or other political subdivision, except Medi-Cal benefits.

3. Services for cosmetic purposes for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel.

4. Services for restoring tooth structure lost from wear (abrasion, erosion, attrition, or abfraction), for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Examples of such treatment are equilibration and periodontal splinting.

5. Any procedure, bridge, denture or other prosthodontic service which was started before the Enrollee was covered by this plan.

6. Prescribed drugs, or applied therapeutic drugs, premedication or analgesia.

7. Experimental procedures.

8. Charges by any Hospital or other surgical or treatment facility and any additional fees charged by the Dentist for treatment in any such facility.


10. Grafting tissues from outside the mouth to tissues inside the mouth (“extraoral grafts”).

11. Implants (materials implanted into or on bone or soft tissue) or the repair or removal of implants, except as provided under LIMITATIONS.
12. Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joints or associated muscles, nerves or tissues (TMJ).

13. Replacement of existing restoration for any purpose other than active tooth decay.


15. Orthodontic services (treatment of mal-alignment of teeth and/or jaws).

PACIFIC UNION DENTAL (PUD) DENTAL PLAN

These rules apply solely to participants who are enrolled in the Pacific Union Dental (PUD) Plan.

If you are enrolled in the Delta Dental PPO Plan, please refer to pages 49 to 53, or call (888) 335-8227 for a complete Summary of your Benefits.

Pacific Union Dental (PUD) Plan benefits are provided to active Employees, self-paid Retirees, and Dependents as specified on page 64.

Under the Pacific Union Dental Plan, dental services are provided through a network of Participating Dental Offices. When you enroll, you select the Participating Dental Office most convenient for you. You and your Dependents will receive dental services only at that office, except in the case of Emergency.

For as long as you are enrolled in the Pacific Union Dental Plan, the plan will pay the Participating Dental Office a monthly amount on your behalf. The monthly rate entitles you to all the benefits under the plan. Once you choose this plan, you will not be allowed to change dental plans until the next Open Enrollment Period.

There are No Claim Forms, No Deductibles, and No Maximums (other than those noted under Limitations and Exclusions). Some dental services are provided to you on a "Co-Pay," (share the cost) basis. You arrange payment of the Copayment (your portion of the charge), directly with your Participating Dental Office.

ORTHODONTIC BENEFITS

In addition, the Pacific Union Dental Plan offers a discounted orthodontic benefit (Phase II as defined by the plan) with a standard 24 month full banded service for a Copayment from you of $1,500, approximately 40% of Usual, Customary and Reasonable Charges plus an additional charge of no more than:

- $350.00 for start-up fees
- $150.00 for one set of retainers (with retention limited to 12 consecutive months, if necessary)

Participant’s payment schedule shall be as follows unless otherwise agreed upon between the Participant and the orthodontist:

- $500.00 at the inception of care (the placement of bands)
- $100.00 per month for 10 months

If you are covered under Pacific Union Dental Plan and are currently undergoing orthodontic treatment (e.g. banding, etc.), you will not be eligible for the orthodontic benefit if you decide to switch to the Delta Dental Plan.

Due to the capitated nature of the Pacific Union Dental Plan, there is no coordination of benefits.
PACIFIC UNION DENTAL PLAN LIMITATIONS
Set forth below are the limitations that are applicable to the plan.

1. Prophylaxis is limited to one treatment each six month period (includes periodontal maintenance following active therapy);

2. Crowns, bridges and dentures (including immediate dentures) are not to be replaced within a five-year period from initial placement;

3. Partial dentures are not to be replaced within a five year period from initial placement, unless necessary due to natural tooth loss where the addition or replacement of teeth to the existing partial is not feasible;

4. Denture relines are limited to one per denture during any 12 consecutive months;

5. Replacement will be provided for an existing denture, partial denture or bridge only if it is unsatisfactory and cannot be made satisfactory by reline or repair;

6. Treatment for conditions is generally limited to conventional techniques and does not include splinting, hemisection implants, overdentures, grafting, precision attachments, duplicate dentures and bruxating appliances;

7. The plan allows up to five units of crown or bridgework per arch. Upon the sixth unit, the Plan considers the treatment to be full mouth reconstruction. The patient is responsible for fees incurred for anything beyond the fifth unit;

8. Periodontal treatments (root planning/subgingival curettage) are limited to four quadrants during any 12 consecutive months;

9. Full mouth debridement (gross scale) is limited to one treatment in any 24 consecutive month period;

10. Bitewing x-rays are limited to four quadrants during any 12 consecutive months;

11. Full mouth x-rays and/or panographic type films are limited to one set every 24 consecutive months. A full mouth x-ray is defined as a minimum of 6 periapical films plus bitewing x-rays;

12. Sealant benefits include the application of sealants only to permanent first and second molars with no decay, with no restorations and with the occlusal surface intact, for the first molars up to age nine and second molars and bicuspids up to age fourteen. Sealant benefits do not include the repair or replacement of a sealant on any tooth within three years of its application;

13. Single unit cast metal and/or ceramic restorations and crowns are covered only when the tooth cannot be adequately restored with other restorative materials. Crown build-ups including pins are only allowable as separate procedures in the exceptional instance where extensive tooth structure is lost and the need for a substructure can be demonstrated by written report and x-rays;

14. Cosmetic dental care is limited to composite restorations on posterior teeth distal to canines when a Pacific Union Dental Plan Dentist determines treatment to be appropriate dental care. Composite restorations will be covered on premolar facial surfaces.
PACIFIC UNION DENTAL PLAN EXCLUSIONS

The following dental procedures and services are not included under the plan:

1. General anesthesia and the services of a special anesthesiologist, intravenous and inhalation sedation and prescription drugs;

2. Dental conditions arising out of and due to enrollee’s employment or for which Worker’s Compensation is payable. Services that are provided to the enrollee by state government or agency thereof, or are provided without cost to the enrollee by any municipality, county or other subdivision, except as provided in Section 1373 (a) of the California Health and Safety Code;

3. Treatment required by reason of war;

4. Dental services performed in a Hospital and related Hospital fees;

5. Treatment of fractures and dislocations;

6. Loss or theft of fixed and removable prosthetics (crowns, bridges, full or partial dentures);

7. Dental expenses incurred in connection with any dental procedures started after termination of eligibility for coverage; and dental expenses incurred for treatment in progress prior to Member’s eligibility with the Plan (e.g., teeth prepared for crowns, root canals in progress, fixed and removable prosthetics);

8. Any service that is not specifically listed as a covered expense;

9. Procedures, appliances or restorations to correct congenitally and/or developmentally missing teeth or other congenital and/or developmental conditions, developmental malformations (including but not limited to cleft palate, enamel hypoplasia, fluorosis, jaw malformations, and odontia) and supernumerary teeth;

10. Treatment/removal of malignancies, cysts over 1.25 centimeters, tumors or neoplasms;

11. Dispensing of drugs not normally supplied in a dental office;

12. Treatment as a result of accidental Injury. Accidental Injury is defined as damage to the hard and soft tissues of the oral cavity resulting from external forces to the mouth.

13. Cases which in the professional opinion of the plan’s attending Dentist determines that a satisfactory result cannot be obtained or where the prognosis is poor or guarded;

14. Dental services received from any dental office other than a Pacific Union Dental Plan’s dental office, unless expressly authorized in writing by the Plan or as cited under “Out of Area Emergency Treatment”;

15. Prophylactic removal of asymptomatic, nonpathological impacted teeth, extractions for orthodontic purposes; surgical orthognatic procedures and crown exposure with ligation;

16. Implant placement or removal, appliances placed on or services associated with implants, including but not limited to prophylaxis and periodontal treatment;

17. Crown lengthening procedures;

18. Replacement of long standing missing tooth/teeth in an otherwise stable dentition;
19. Dental services and treatments for restoring tooth structure loss from wear, bruxism, attrition and/or erosion, changing or restoring vertical dimension, and full mouth reconstruction to enhance occlusion, diagnosis and/or treatment of the temporomandibular joint (TMJ);

20. Dental services that cannot be performed in a Pacific Union Dental Plan’s general dental office because of physical, medical or behavioral limitations of eligible Dependents over the age of six years.