

# County Health Pool

## Summary of Dental Plan B Benefits



### Administered by CTSI

Effective January 1, 2022

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, exclusions, qualifications, limitations, terms and provisions, of the County Health Pool Plan Document and Summary Plan Description. For a covered dental service, this coverage will pay the applicable percentage (shown in the "Coverage Percentage" column) of the dental maximum allowable for that service (subject to the fee schedule) up to the Annual Maximum. Only those expenses incurred as a result of non-occupational injury or illness will be considered eligible expenses. Please contact Anthem Customer Service at 855-769-1467 to verify your dental coverage. The County Health Pool Dental Plan Document is available at [www.ctsi.org](http://www.ctsi.org).

Covered Benefits	Plan B Coverage Percentage
<b>Annual Calendar Year Deductible</b> (Single/Family)	\$50 / Max of 3 x \$50
<b>Annual Calendar Year Maximum</b>	\$1,500
<b>Diagnostic and Preventive Services</b> ( <i>no deductible</i> ) <ul style="list-style-type: none"> <li>Oral evaluations</li> <li>X-rays</li> <li>Cleanings</li> <li>Space maintainers</li> <li>Other selected diagnostic and preventive services</li> </ul>	100%
<b>General Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Emergency palliative treatment</li> <li>Consultations</li> <li>Office visits for observation</li> <li>Other selected general services</li> </ul>	80%
<b>Restorative Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Amalgam and composite restorations</li> <li>Pin retention procedures</li> </ul>	80%
<b>Endodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Root canal therapy</li> <li>Apexification</li> <li>Therapeutic pulpotomy</li> <li>Other selected endodontic services</li> </ul>	80%
<b>Oral Surgery Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Simple surgical tooth extractions</li> <li>General anesthesia (surgical procedures)</li> <li>I.V. sedation (surgical procedures)</li> <li>Other selected oral surgery services</li> </ul> <p>Note: Some surgical procedures (i.e., surgical extraction of impacted wisdom teeth) will be eligible benefits under the medical plan. Please consult the Summary Plan Description or contact Customer Service.</p>	80%
<b>Periodontal Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Gingivectomy</li> <li>Crown lengthening</li> <li>Osseous surgery</li> <li>Soft tissue grafts</li> <li>Other selected periodontal services</li> </ul>	80%
<b>Prosthodontic Services</b> ( <i>deductible applies</i> ) <ul style="list-style-type: none"> <li>Crowns/onlays/inlays</li> <li>Partial and full dentures</li> <li>Other selected prosthodontic services</li> </ul>	Not Covered
<b>Orthodontic Services</b> ( <i>deductible applies</i> ) Eligible dependent children only <ul style="list-style-type: none"> <li>Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth</li> <li>Examination and records</li> <li>Tooth guidance</li> <li>Repositioning (straightening) of the teeth</li> </ul>	Not Covered