

County Health Pool Summary of Dental Benefits



Administered by CTSI

Effective January 1, 2023

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.

| Covered Benefits | Plan A Coverage Percentage | Plan B Coverage Percentage |
|--|--|-------------------------------|
| Annual Calendar Year Deductible (Single/Family) | \$50 / Max of 3 x \$50 | \$50 / Max of 3 x \$50 |
| Annual Calendar Year Maximum | \$1,500 | \$1,500 |
| Diagnostic and Preventive Services (<i>no deductible</i>) <ul style="list-style-type: none"> Oral evaluations X-rays Cleanings Space maintainers Other selected diagnostic and preventive services | 100% | 100% |
| General Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Emergency palliative treatment Consultations Office visits for observation Other selected general services | 80% | 80% |
| Restorative Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Amalgam and composite restorations Pin retention procedures | 80% | 80% |
| Endodontic Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Root canal therapy Apexification Therapeutic pulpotomy Other selected endodontic services | 80% | 80% |
| Oral Surgery Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Simple surgical tooth extractions General anesthesia (surgical procedures) I.V. sedation (surgical procedures) Other selected oral surgery services <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% | 80% |
| Periodontal Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Gingivectomy Crown lengthening Osseous surgery Soft tissue grafts Other selected periodontal services | 80% | 80% |
| Prosthodontic Services (<i>deductible applies</i>) <ul style="list-style-type: none"> Crowns/onlays/inlays Partial and full dentures Other selected prosthodontic services | 50% | Not Covered |
| Orthodontic Services (<i>deductible applies</i>) Eligible dependent children only <ul style="list-style-type: none"> Non-surgical dental services related to the supervision, guidance and correction of growing or mature teeth Examination and records Tooth guidance Repositioning (straightening) of the teeth | 50% \$1,000 Per Individual Per Lifetime Maximum | Not Covered |