County Health Pool
Summary of Dental Plan A Benefits

Administered by CTSI

Effective January 1, 2025

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
Annual Calendar Year Deductible (Single/Family)	$50 / Max of 3 x $50
Annual Calendar Year Maximum	$1,500
Diagnostic and Preventive Services (*no deductible)* • Oral evaluations • X-rays • Cleanings • Space maintainers • Other selected diagnostic and preventive services	100%
General Services *(deductible applies*) • Emergency palliative treatment • Consultations • Office visits for observation • Other selected general services	80%
Restorative Services *(deductible applies)* • Amalgam and composite restorations • Pin retention procedures	80%
Endodontic Services *(deductible applies)* • Root canal therapy • Apexification • Therapeutic pulpotomy • Other selected endodontic services	80%
Oral Surgery Services *(deductible applies*) • Simple surgical tooth extractions • General anesthesia (surgical procedures) • I.V. sedation (surgical procedures) • Other selected oral surgery services 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.	80%
Periodontal Services *(deductible applies)* • Gingivectomy • Crown lengthening • Osseous surgery • Soft tissue grafts • Other selected periodontal services	80%
Prosthodontic Services *(deductible applies*) • Crowns/onlays/inlays • Partial and full dentures • Other selected prosthodontic services	50%
Orthodontic Services *(deductible applies*) Eligible dependent children only • 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*