Dental Plan 1000 by SmileSaver℠ - Prepaid Dental Plan

This is a summary of benefits for the ***Dental Plan 1000***, a prepaid dental plan offered through California*Choice*®. To be eligible, your business must be located within the plan service area shown below. Employees enrolled in the Dental Plan 1000 need to choose a participating dentist from the SmileSaver℠ network (Employees can look up a dentist through the Online Provider Directory at **www.calchoice.com**). These dentists will provide dental care for any employee and dependents who are enrolled in the plan.

Summary of Benefits and Member Copays

Office Visits
- During regular hours ..... No charge
- Emergency office visit (After regular hours) ..... $ 20.00
- Broken appointment (Without 24 hour notice) ..... $ 20.00

Diagnostic
- Comprehensive oral exam ..... No charge
- Periodic oral exam ..... No charge
- Oral hygiene instruction ..... No charge
- X-rays, complete series ..... No charge
- Bitewing X-rays ..... No charge

Preventive
- Teeth cleaning - adult (1 every 6 months) ..... No charge
- Teeth cleaning - child (1 every 6 months) ..... No charge

Restorative - Amalgam Restorations Primary teeth
- Cavities - 1 surface ..... No charge
- Cavities - 2 surfaces ..... No charge
- Cavities - 3, 4 or more surfaces ..... No charge

Amalgam Restorations Permanent teeth
- Cavities - 1 surface ..... No charge
- Cavities - 2 surfaces ..... No charge
- Cavities - 3, 4 or more surfaces ..... No charge

Resin Restorations Permanent teeth
- Composite resin - 1 surface, anterior tooth ..... $ 10.00
- Composite resin - 2 or 3 surfaces, anterior tooth ..... $ 10.00
- Composite resin - 1 surface, posterior tooth ..... $ 60.00
- Composite resin - 2 surfaces, posterior tooth ..... $ 85.00

Periodontics
- Gingivectomy/gingivoplasty, per quadrant ..... No charge
- Periodontal scaling/root planing - per quadrant ..... $ 20.00

Crowns*
- Crown - porcelain with metal (anterior) ..... $ 70.00
- Crown - porcelain with metal (posterior) ..... $ 175.00
- Crown - full cast metal ..... $ 60.00
- Crown - stainless steel (primary or permanent) ..... No charge

Endodontics
- Single root canal therapy (anterior) ..... $ 40.00
- Bi-root canal (bicuspid) ..... $ 65.00
- Molar root canal ..... $ 95.00

Dentures and Partials
- Complete upper or lower denture (each) ..... $ 70.00
- Immediate upper or lower denture (each) ..... $ 120.00
- Partial upper or lower, acrylic base (including conventional clasps and rests) (each) ..... $ 50.00

Oral Surgery (extractions)
- Single tooth ..... No charge
- Each additional tooth ..... No charge
- Surgical removal of erupted tooth ..... No charge
- Soft tissue impaction ..... No charge
- Partial bony impaction ..... No charge

Orthodontics**
- Orthodontics - adult full upper and lower banded case $1,950.00
- Orthodontics - child (Up to age 19) full upper and lower banded case $1,600.00

**Cost of high noble metal (gold, etc.) may be charged extra when used. Not to exceed actual laboratory cost of metal.*

*** 24 month treatment*

Prepaid Dental
Plan 1000 Service Area

Dental coverage is available throughout these counties:

Alameda	San Bernardino
Contra Costa	San Diego
Fresno	San Francisco
Imperial	San Joaquin
Kern	San Luis Obispo
Los Angeles	San Mateo
Marin	Santa Barbara
Monterey	Santa Clara
Napa	Santa Cruz
Orange	Sonoma
Riverside	Tulare
Sacramento	Ventura

And within the following zip codes in these counties:

Amador:
95654

Butte:
95914, 95917, 95948

Colusa:
95950

El Dorado:
95630, 95667, 95682

Humboldt:
95501, 95502, 95521, 95525, 95534, 95536, 95537, 95540, 95547, 95549, 95550, 95551, 95556

Kings:
93230, 93291

Madera:
93637, 93638

Mariposa:
95338

Mendocino:
95427, 95482

Merced:
95301, 95303, 95312, 95315, 95317, 95333, 95334, 95339, 95340, 95341, 95342, 95343, 95344, 95348, 95365

Placer:
95603, 95616, 95650, 95661, 95677, 95678, 96145

San Benito:
95023, 95024, 95043, 95045

Shasta:
96001, 96002, 96003, 96007, 96019, 96022, 96033, 96047, 96062, 96073, 96079, 96087, 96089, 96095

Solano:
94510, 94533, 94535, 94585, 94589, 94590, 94591, 95620, 95687, 95688

Stanislaus:
95307, 95319, 95328, 95350, 95352, 95353, 95354, 95355, 95356, 95361, 95367, 95368, 95380, 95381, 95384

Sutter:
95659, 95668, 95674, 95676, 95953, 95957, 95982, 95991

Yolo:
95605, 95616, 95691, 95695

Yuba:
95369, 95692, 95901, 95918, 95919, 95961

Dental Prepaid Plan 3000 and 1000

Exclusions & Limitations

- Dental treatment must be received from the Member's participating dental office unless exception is specifically authorized in writing by the Plan.
- Routine and periodic examinations are limited to once every 6 months per enrolled Member.
- Prophylaxis procedures are limited to once every 6 months.
- Bitewing radiographs (x-rays) in conjunction with periodic examinations are limited to one series films in any 12 consecutive month period. Full mouth radiographs (x-rays) in conjunction with periodic examinations are limited to once every 3 years. Panoramic films are limited to once every 3 years.
- Fluoride treatment is limited to enrolled Members under the age of 18 years once every 6 months.
- Periodontal scaling and root planing, and/or sub-gingival curettage, and periodontal maintenance procedures are limited to one course of therapy during any 12 month period.

The following dental services and procedures are not included in the Dental Plan 3000 or 1000:

- Any procedure not specifically listed as a covered benefit.
- Dental treatment or expenses incurred in connection with any dental procedures started prior to the Member's effective date under this Plan or after termination of the Member's coverage. Example: teeth prepared for crowns, root canal treatment in progress, etc.
- All treatment of fractures and dislocations.
- Extraction for orthodontic purposes.
- Dental procedures and charges incurred as part of implants (placement or removal) and prosthetic devices placed on implants (fixed or removable). Example: bridges, crowns, dentures.
- Replacement of lost or stolen dentures, crown and bridgework or other dental appliances.
- Dental treatment or procedures requiring or associated with fixed prosthodontic restorations (other than those for replacement of structure lost due to decay) when part of extensive oral rehabilitation or reconstruction.
- Diagnosis or treatment by any method of any condition related to the jaw joint, TMJ or associated musculature, nerves or other tissues.
- A dental treatment plan, which, in the opinion of the Participating Dentist, is not medically necessary, will not produce a beneficial result or has a poor prognosis.
- Any corrective treatment required as a result of dental services performed by a non-participating dentist while this coverage is in effect and any dental services started by a non-participating dentist will not be the responsibility of the participating dental office or the Plan for completion or compensation.

This is a summary of Exclusions & Limitations Only. For a complete listing, please see the *Evidence of Coverage*.