

dental insurance

Enrolling in or transferring coverage

Eligible state employees can enroll in or transfer between dental options. For local education and local government plan employees, please check with your agency's insurance preparer to see if this option is available. Retirees are not eligible to enroll in dental coverage.

To enroll in or transfer dental coverage, you must complete an enrollment/change application. If selecting the prepaid dental plan, you will also need to complete a dentist selection card. If your eligible family members have a different dentist selection from yours, list this information on the card as well. Contact your insurance preparer for a packet of materials if you are interested in enrolling in or transferring dental coverage. For 2006, there will be no premium increase in either dental option. There are some changes in copays in the prepaid option.

Prepaid Plan

The prepaid plan provides dental services at predetermined copayment amounts, which are reduced fees for dental treatments when members receive services from their selected participating general dentist or from any participating specialist. There are no deductibles to meet, no claims to file, no waiting periods for covered members, no annual dollar maximum and preexisting conditions are covered.

Preferred Dentist Organization (PDO)

The PDO offers flexibility in that members may choose any dentist; however, members receive maximum benefits when utilizing a network provider. No referrals are required and you or your dentist will file claims for covered services. Some services require waiting periods and limitations and exclusions apply.

The benefits listed below are a sample of the most frequently utilized dental treatments. Refer to vendor materials for complete information on coverage, limitations and exclusions.

BENEFIT	PREPAID OPTION		PDO OPTION	
	General Dentist	Specialist Dentist	In-Network	Out-of-Network
Annual Deductible	None		None	\$100 per person/\$300 family, per policy year
Annual Maximum Benefit	None		\$1,000 per person, per policy year	
Preexisting Conditions	Covered		Some exclusions	
Periodic Oral Evaluation	No charge		100% of MAC	80% of MAC
Routine Cleaning Adult	No charge		100% of MAC	80% of MAC
X-ray — Intraoral, Complete Series	No charge	\$5 copay	80% of MAC	60% of MAC
Amalgam (silver) Filling — 2 Surfaces Permanent	\$8 copay	\$10 copay	80% of MAC	60% of MAC
Endodontics — Root Canal Therapy Molar (excluding final restoration)	\$250 copay	\$600 copay	50% of MAC	
Major Restorations — Crowns (porcelain fused to high noble metal)	\$275 copay *		50% of MAC	
Extraction of Erupted Tooth (minor oral surgery)	\$15 copay	\$70 copay	80% of MAC	60% of MAC
Removal of Impacted Tooth — Complete Bony (complex oral surgery)	\$100 copay	\$120 copay	50% of MAC	
Dentures — Complete Upper	\$310 copay *		50% of MAC	
Orthodontics	25% off participating orthodontist's usual fees		50% of MAC	
Annual Deductible	None		None	
Lifetime Maximum	None		\$1,250 **	
Waiting Period	None		12 months	
Age Limit	None		Up to age 19	

MAC — Maximum Allowable Charge

* Members are responsible for additional lab fees for these services.

** If an employee had coverage through another dental plan company they may also have had a lifetime maximum for orthodontia. The orthodontia maximum is a lifetime benefit, which means, if an employee enrolls under the PDO, the benefit amount will not start over again. The benefits for orthodontia under the PDO would be adjusted based on the benefits a member may have received previously through another dental plan.