



**Benefits Summary
RFP entitled:
“Dental Plan Services”**

SEHP

No Annual Deductible

Benefits	
Services	Services are limited to a maximum of two visits per year, per person to a participating provider for an exam, cleaning, and/or bitewing x-rays. Each visit will require the member to make a \$20 copayment at the time of visit. Maximum of 4 x-rays per year are covered.
Orthodontic Services	No coverage for orthodontic services.
Fillings	Two filling per year are covered at \$10 per filling. The \$10 co-payment will be charged once for each tooth regardless of the number of fillings required within a tooth.
Discount Program	Members have access to a discount program, where care paid for directly by the member is reduced to a pre-approved discounted rate at participating providers.

All Other Groups

Annual Deductible	
Participating Employers PEF and Management Confidential/Participating Employers	Members have a \$25 deductible per individual per calendar year and a combined maximum deductible of \$75 per family per calendar year for covered dental services. Members must meet this deductible before dental services are covered. This deductible does not apply to following types of services: Preventive and Diagnostic Services; and Orthodontic Services.
All Other Groups	No annual deductible

Benefits	
Annual Maximum	\$3,000 per person per calendar year for covered services. Orthodontic services count toward the Annual Maximum.
Orthodontic Services Lifetime Maximum	\$3,000 per child per lifetime for covered Orthodontic services under this Policy. Orthodontic Services count toward Annual Maximum.
Preventive and Diagnostic Services	\$0 at participating providers up to benefit limits

ATTACHMENT 28 **Amended**



**Department of
Civil Service**

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Basic Services	\$0 at participating providers up to benefit limits
Major Services	\$0 at participating providers up to benefit limits
Orthodontic Services	\$0 at participating providers up to benefit limits

Special Coverage	
Prophylaxes	2 prophylaxes covered per person per calendar year
Examinations	2 examinations covered per person per calendar year
Implant Services	Coverage for \$600 toward the surgical placement of an implant body
Orthodontic Appliance Limit	Coverage for one-time benefit of \$550 for the insertion of an orthodontic appliance
Orthodontic Passive Retention Coverage Limit	Coverage for one-time benefit of \$108 for orthodontic retention. Construction of retainer is not covered.