Prepaid Plan

Summary of Benefits and Disclosure Form




Welcome to a Plan with Values!

Golden West Dental & Vision is a Statewide health care service plan specializing in preventive dental care. Our objective is to bring you and your family to a better level of dental health and maintain this level without high premiums.

An Ounce of Prevention...

Because preventive and basic services are provided at little or no cost, you are encouraged to maintain excellent oral health. If you should require other services, significant discounts are given by our quality private practice dentists.

How Does the Plan Work?

Simply fill out the enclosed enrollment form. Be sure to list the Plan Dental Facility you select. Upon enrollment you will receive a membership card with the name and phone number of your dentist and a written explanation of your benefits. To make an appointment, call the dental office and identify yourself as a member of Golden West Dental & Vision. All services must be provided by a contracted provider.

When are the Benefits Effective?

Benefits commence on the 1st of the month following receipt of a completed enrollment form and premium. Enrollment forms must be received by Golden West Dental & Vision prior to the 20th of the month to ensure eligibility on the 1st of the following month.

Who Can Join?

California residents and their eligible dependents (your lawful spouse and unmarried children to the age of 19, or 23* if full-time students).

*subject to the group maximum allowable age

Quality Private Practice Dental Offices...

As a plan member enrolled in the Golden West dental program, your dental care is available through a network of over 3,000 private practice dentists and specialists. Golden West is dedicated to providing access to quality dental care and service, backed by a full staff of health care professionals in member services, network relations, and administration.

This Disclosure Booklet is only a summary of the Dental Plan. The Dental Plan Contract and Evidence of Coverage must be consulted to determine the exact terms, limitations and exclusions of coverage. The enrollee has a right to review a specimen copy of the contract prior to enrollment. A specimen copy of the contract is available at the administrative office of GOLDEN WEST DENTAL & VISION.

This disclosure booklet and evidence of coverage should be read completely and carefully and individuals with special health care needs should read carefully those sections that apply to them.

If you have any questions or need additional assistance, please contact Golden West Dental & Vision at (800) 995-4124.

The Health Plan Benefits and Uniform Matrix for your specific plan is located on the insert included with this disclosure booklet.

GOLDEN WEST DENTAL & VISION

www.goldenwestdental.com

SELECTING A DENTIST

Each participating dental office has been inspected by an Independent Dental Consultant and meets our high standards of care. You may choose any facility participating in this plan.
To make your selection:

- Refer to the Golden West Network Directory.
- Choose the locations that are most convenient to you.
- Enter the dental, vision care, and orthodontic office code numbers in the boxes provided on the enrollment application.

The facilities listed in the Network Directory with a symbol or number may be limited to the plans they accept. Each covered family member may select their own dentist with a maximum of three dental offices per family. You may also receive facility information by calling our Member Service Department at (800) 995-4124.

MAKING AN APPOINTMENT/MEMBER'S FIRST VISIT

To make an appointment, you should telephone your selected dental office (see ID Card). Your first appointment may include x-rays if needed (dental only), examination, treatment plan and estimate of costs. Most appointments will be during regular business hours, Monday through Friday. Some participating offices have evening and/or weekend hours available. Verify hours with the office selected.

MAY I CHANGE DENTISTS?

You may change your dentist by contacting the Golden West Member Service Department prior to the 20th of the month. You will be eligible at your new dental office on the 1st of the following month. This request may be made in writing or by calling our Member Service Department. In the event you have an outstanding balance with your dentist or you are in the middle of treatment, you may not change facilities until all unpaid balances are paid in full or treatment is completed. The Plan reserves the right to reassign you, at any time, to a different facility.

WHAT IF I MISS MY APPOINTMENT?

Scheduled appointments must be cancelled at least 24 hours prior to the appointment time. If the appointment is not kept or cancelled within the appropriate time frame, a failed appointment fee will be charged.

WHEN DO I HAVE TO PAY FOR SERVICES?

Your copayments are due when treatment is rendered.

ARE LABORATORY FEES AN EXTRA COST?

Laboratory fees are paid in addition to the copayment. Your dentist makes an impression and sends it to a dental lab where the crown or prosthetic is made. The dental lab charges the dentist to make the crown or prosthetic. You are responsible for the actual dental lab fee in addition to the crown, bridge or prosthetic copayment. The copayment is the dentist's fee for the procedure.

HOW MUCH CAN I SAVE?

Your member copayment is based on a reduced fee from your dentist's usual and customary fee. The savings can be as high as 100%.

For Example**:

	COPAYMENT	UCR
•X-RAY	NO CHARGE	$ 36
•CLEANING	NO CHARGE	50
•FILLING - 1 SURFACE	$ 9	48
•SOFT TISSUE EXTRACTION	40	165
•PORCELAIN CROWN WITH METAL*	170	600
•ROOT PLANING, PER QUAD	35	96
•SINGLE ROOT CANAL	80	390

* plus actual dental lab fee. Dentist will charge the lab fee in addition to the member copayment.
**example based on plan 89L level 1.

IS THERE AN ANNUAL MAXIMUM?

No annual maximums apply to your general dental benefits. Therefore, Golden West does not limit the dollar amount of coverage you can receive in the network general dentist's office.

DOES PER SURFACE MEAN PER TOOTH?

There are up to five (5) surfaces per tooth that can be restored by amalgam or composite restorations (fillings). The copayment, if any, is charged per surface.

WHAT IF I NEED A SPECIALIST?

Most often all of your Plan benefits can be performed by the Plan general dentist. However, should your dentist feel your condition requires being treated by a dental specialist, the dentist will refer you to Golden West for specialty referral. Ask your benefit manager or employee representative if your group has vision, orthodontic or specialty coverage. Annual and lifetime maximums may apply. You may also call the Member Service Department at (800) 995-4124 to determine your specific plan benefits.

WHAT IF I HAVE AN EMERGENCY?

An emergency is defined as acute oral pain, infection, or bleeding. A dental emergency is treated by relieving the pain, treatment of infection or stopping the bleeding. First, call your Golden West dentist. Each Golden West dental facility has a 24-hour number listed on your membership card. If you cannot reach the dental office, please call the Golden West Member Service Department for assistance at (800) 995-4124. A representative will assist you in obtaining emergency treatment to relieve pain.

COORDINATION OF BENEFITS

Coordination of benefits will be in compliance with the Knox-Keene Act. If you have two (2) or more plans, your benefits will not exceed 100% of your charges.

HOW DO I RENEW MY COVERAGE?

Your coverage will renew according to the terms of the group contract. Golden West will notify the group of changes in fees or benefits to maintain your coverage.

MEMBER SERVICES

Golden West provides a toll free Member Service number and a 24-hour service for any dental emergency situation at (800) 995-4124.

WHAT IF I HAVE A COMPLAINT?

If you have a complaint about a dentist, staff, facility or Golden West, please write to us. We want to know so that we can correct the problem.

GOLDEN WEST DENTAL & VISION
P.O. Box 5347
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ALTERNATE BENEFIT PROVISION

If a less expensive alternate procedure, service or course of treatment can be performed in place of the proposed treatment to correct a dental condition, as determined by Plan and/or your dentist, and the alternate treatment will produce a professional result in compliance with standards of practice, the maximum eligible dental expense to be considered for payment will be the less expensive treatment. If the proposed treatment plan is completed, you will be responsible for the difference between the charge for the proposed treatment and the charge for the alternate treatment allowed by Plan.

CANCELLATION OR TERMINATION

Benefits shall cease upon the following events:

A. On the contract termination date.
B. Non-payment of premiums or copayments due shall terminate all future benefits to subscriber/group. If contract is terminated prior to end of contract term, member is subject to the dental office usual and customary charges for any services performed under the plan.
C. Fraud or deception in the use of plan facilities or knowingly permitting such fraud or deception by another.
D. Upon the date of entry into full-time military service.
E. After reasonable efforts to establish and maintain satisfactory provider-patient relationship fails with any subscriber or enrollee, coverage will be terminated effective the last day of the month during which the Plan gives a notice of cancellation.

In the event that your benefits are cancelled by the Plan, or by your group, the Plan shall return the pro rata portion of any money paid to the Plan which corresponds to any unexpired period for which payment has been received. This money will be returned to you, or the group, within thirty (30) days of cancellation and will include any amounts due on claims, if any, less any amounts owed to the Plan. An exception to this is cancellation due to event (b) above. In the event your dependent's coverage terminates through a qualifying event, see employer regarding continuation of coverage through COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985).

DEFINITIONS

ADA – American Dental Association.

BENEFITS – Services provided under the Group Agreement. Also referred to as Coverage.

COPAYMENT – Additional fees required under the plan for specific services. These fees are paid by Member directly to Provider.

DEPENDENT – Lawful spouse of Subscriber and/or unmarried children to age 19. All unmarried children 19 years or older but less than 23 years old who are full-time students or due to mental or physical handicap are chiefly dependent upon the Subscriber for support may be eligible for extended coverage. Proof of such continuing dependency must be furnished to Golden West upon request. If your Group has negotiated special dependent age requirements, the group contract will prevail. Special dependent definitions may apply as determined by both Group and Golden West.

GROUP – Organization or employing unit with which Subscriber is associated and which has executed this Agreement.

MEMBER – Any individual Subscriber or eligible family Dependent entitled to receive services under this Agreement.

NON-PANEL PROVIDER – A licensed professional not under contract with Golden West.

PROVIDER – A licensed professional who provides services for the Member and with whom Golden West has contracted. Used interchangeably with Facility.

SERVICE AREA – Urban geographic areas within thirty (30) mile radius from any Golden West General Dentist and within fifty (50) mile radius from any Golden West specialist. Rural geographic areas within sixty (60) mile radius from any Golden West General Dentist and within one hundred (100) mile radius from any Golden West specialist.

SPECIALIST – Specialist is defined as oral surgeons, endodontists, periodontists, and pedodontists. All other specialties are excluded.

SUBSCRIBER - Individual in whose name family unit is enrolled.

TREATMENT IN PROGRESS – Any treatment, as identified by a specific ADA code, which has been started but not completed.

LIMITATIONS

A. GENERAL

1. Dental treatment must be received from member's participating dental office unless specifically authorized in writing by Plan.
2. Participating providers shall have the right to discontinue further treatment of a member who continually fails to keep appointments or who fails to follow their prescribed course of treatment.

B. DIAGNOSTIC/PREVENTIVE

1. Routine and periodic examinations are limited to once every six (6) months.
2. Prophylaxis is limited to once every six (6) months.
3. Bitewing radiographs (x-rays) in conjunction with periodic examinations are limited to one series of films in any twelve (12) consecutive month period.
4. Full mouth radiographs (x-rays) and Panorex are limited to once every three (3) years.
5. Fluoride treatment is limited to once every twelve (12) months.
6. Sealants are allowed in permanent first and second molars up to the age of sixteen (16).

C. RESTORATIVE/CROWNS

1. Space maintainers are allowed only for dependent children up to the age of sixteen (16).
2. Stainless steel crowns on permanent teeth are allowed up to the age of nineteen (19).
3. Temporary restorations, all adhesives (including amalgam bonding agents) liners and bases, impressions and local anesthesia are considered components of the fee for the completed restoration.
4. Benefits for the treatment of rampant caries are limited to the first seven (7) most severely decayed primary teeth, subject to all plan limitations. Rampant caries is defined as eight (8) or more decayed primary teeth.
5. Cast restorations and crowns are covered only when extensive coronal destruction is radiographically evident and tooth cannot be restored with an intracoronal restoration, unless tooth is diagnosed as having cracked tooth syndrome.
6. The use of noble and high noble metal for any restorative procedure will be charged to the member at the additional laboratory cost of the noble or high noble metal. Copayments do not include charges for gold or dental laboratory fees.

D. PROSTHODONTICS

1. Complete and/or partial denture relines are limited to one per denture during any twelve (12) month period.
2. Complete or partial upper and/or lower dentures are limited to the benefit level for a standard procedure. If a more personalized or specialized treatment (such as precision attachments, overlays, implants, personalization or characterization) is chosen by the member and the dentist, the member will be responsible for all additional charges.
3. A fixed bridge in any posterior quadrant, when the abutment teeth are dentally sound and would be crowned only for the purpose of supporting a pontic, is considered elective. An alternate benefit for a partial denture would be allowed.

E. PERIODONTAL

1. Gingival Curettage and Periodontal Scaling and Root Planing are limited to four (4) quadrants per calendar year if periodontal disease is present. No more than two (2) quadrants per service date are allowed.
2. Osseous surgery is limited to four (4) quadrants per lifetime.
3. One treatment of Actisite for replacement of fiber material is allowed within ten (10) days of initial placement.

GOLDEN WEST
DENTAL & VISION

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EXCLUSIONS

The following treatment or services are not covered.

1. Any procedure not specifically listed as a covered service.
2. Any dental treatment which, in the opinion of the attending dentist, is not necessary for the patient's dental health, will not produce a beneficial result, or has a poor prognosis.
3. Services for injuries or conditions for which benefits of any nature are recovered or found to be recoverable, whether by adjudication or settlement, medical health insurance, Worker's Compensation or Employer's Liability Laws.
4. Services which are provided to the enrollee by any federal or state government agency or are provided without cost to the enrollee by any municipality, county, or other political subdivision.
5. Treatment rendered by a specialist if member is deemed unmanageable for treatment by any Network General Dentist, except for covered dependent children up to the age limit stated on Specialty Referral Exhibit D if specialty care is included.
6. Conditions resulting from disease or epidemic or injuries sustained as a result of a major disaster or war (declared or undeclared).
7. Dental procedures initiated prior to member's eligibility under this benefit plan or started after member's termination from the plan.
8. Services performed for cosmetic, elective, or aesthetic purposes, unless the policy includes a Cosmetic/Elective Benefit Rider.
9. Dental laboratory fees including the cost of noble and high noble metal.
10. Services or supplies that do not meet accepted standards of dental practice, which are experimental in nature or are considered enhancements to standard dental care.
11. Implants and services incurred as part of implants, and fixed or removable prosthetics placed on implants.
12. Treatment related to temporomandibular joint syndrome (TMJ).
13. Appliances, restorations, or procedures to:
    - alter vertical dimension,
    - restore or maintain occlusion,
    - splint or stabilize teeth for periodontic reasons,
    - replace tooth structure lost as a result of abrasion, erosion, or attrition, or
    - treat bruxism (nightguards, harmful habit and thumbsucking devices).
14. Treatment and/or services (including biopsy) for malignancies, cysts, neoplasms, or congenital or developmental malformations, including but not limited to, cleft palate, enamel hypoplasia, fluorosis, anodontia, supernumerary or impacted teeth other than third molars.
15. General anesthesia, analgesia (including nitrous oxide), sedation, and prescription drugs.
16. Any inpatient/outpatient hospital or surgicenter charges of any kind including physician charges, prescriptions or medication.
17. Treatment for crown exposure, ligation, and crown lengthening.
18. Replacement of an appliance or fixed or removable prosthetic with a like appliance or prosthetic unless the appliance or prosthetic is at least 5 years old and cannot be made usable. Replacement of crowns unless existing crown is more than five (5) years old.
19. Replacement of a lost, stolen, or missing appliance or prosthetic device, glasses, or contacts.
20. Dental treatment or procedures requiring or associated with fixed prosthodontic restorations when part of extensive oral rehabilitation or reconstruction (six or more units of crown and/or bridgework in one arch or more than ten units total).
21. Resectioning of the bone and surgeries involving repositioning of the teeth or tooth implantation, re-implantation or transplantation.
22. Oral surgery for fractures or dislocations of the jaw, resectioning of the bone, repositioning of the teeth or bone implantation or transplantation, salivary gland, duct or sinus. Orthognathic surgery and extractions for orthodontic purposes.
23. Elective oral surgery, including the extraction of non-pathologic, asymptomatic teeth, overretained deciduous teeth, and deciduous teeth which appear to be at or near exfoliation.
24. Orthodontic treatment unless specifically included. Under any applicable orthodontic benefits, treatment plans started before member enrolled with the Plan are not covered.