

**PEACE OFFICERS ASSOCIATION
ODS HEALTH PLANS - INCENTIVE DENTAL PLAN
SUMMARY OF BENEFITS**

Covered Services. Your dental care program covers services performed by a licensed dentist when determined to be necessary and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury.

Eligibility Year. The eligibility year begins on January 1 and ends on December 31 of each year. Eligibility for new employees and their dependents begins when benefits become effective and ends on December 31 of that year.

Participating Dentists. You and your dependents may choose any dentist; you do not have to choose an ODS participating dentist. However, if you choose a non-participating dentist, ODS will only pay amounts which do not exceed the “usual and customary rate” (UCR) set for ODS participating dentists for similar services. You will be responsible for paying your dentist for any difference between what ODS will pay and what your non-participating dentist charges.

Incentive Level. During the first year that you are eligible, benefits for Class 1, 2 and 3 services are paid at 70%. As long as you have visited your dentist for an examination *at least once* during the preceding eligibility year, your coverage level will increase by 10% each successive eligibility year, up to a maximum of 100%. If you do not visit your dentist at least once during the prior year, your coverage level will decrease 10% for the next eligibility year, down to a minimum of 70%. Class 4 services are always covered at 50%. Incentive levels are based on individual dentist visits; you and your dependents may have different incentive levels.

Annual Maximum. You and each of your eligible dependents has an annual maximum of \$1500 for all services combined under Preventive, Restorative and Routine Treatment. The annual maximum renews each January 1.

| PREVENTIVE, RESTORATIVE AND ROUTINE TREATMENT | BENEFIT PAID |
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| CLASS 1 SERVICES Diagnostic - Routine examination twice per year, x-rays (bitewings twice per year, full mouth once every 3 years). Preventive - Prophylaxis (cleaning) twice per year, fluoride application twice per year, space maintainers. | 70% - 80% - 90% - 100% Based on Individual Incentive Level |
| CLASS 2 SERVICES Oral Surgery - Surgical extractions and certain other minor surgical procedures. Includes general anesthesia when administered by a dentist in connection with a covered oral surgery and when given in a dental office. Restorative - Treatment of tooth decay with amalgam, synthetic porcelain and plastic materials. Endodontic - Procedures for pulpal therapy and filling root canal. Periodontal - Treatment of tissues supporting teeth. | 70% - 80% - 90% - 100% Based on Individual Incentive Level |
| CLASS 3 SERVICES Restorative - Treatment of tooth decay with crowns, jackets and gold or cast restorations, including inlays and onlays. Covered only when teeth cannot be restored with other materials. (See Limitations.) | 70% - 80% - 90% - 100% Based on Individual Incentive Level |
| CLASS 4 SERVICES Prosthodontic - Procedures for the construction or repair of fixed bridges, partials and complete dentures. (See Limitations.) | 50% |
| ORTHODONTIA | BENEFIT PAID |
| Available to eligible dependent children when treatment is started before age 17. | 50% Lifetime maximum of \$3000 |

LIMITATIONS

Covered services must be performed by a licensed dentist when determined to be necessary and customary by the standards of generally accepted dental practice for the prevention or treatment of oral disease or for accidental injury. If you select a more expensive plan of treatment than is customarily provided, ODS will pay for the applicable percent of the lesser fee, and you will be responsible for paying the remainder of the dentist's fee.

CLASS 1 SERVICES

Diagnostic. Examination and bitewing x-rays are limited to twice per year. Complete mouth x-rays are limited to once every three years.

Preventive. Prophylaxis (cleaning) is limited to twice per year. Fluoride application is limited to twice per year. Sealants are covered for posterior permanent teeth, including bicuspid, and limited to once every five years per tooth.

CLASS 2 SERVICES

Oral Surgery. Limited to minor surgical procedures and does not include services such as vestibuloplasty, etc.

Periodontal. Periodontal scaling is limited to four times per year.

CLASS 3 SERVICES

Restorative. If a tooth can be restored with a material such as amalgam, silicate or plastic, but another type of restoration is selected, covered expenses will be limited to the cost of amalgam, silicate or plastic. Replacement crowns, jackets and gold or cast restorations (including inlays and onlays) is limited to once every five years per tooth.

CLASS 4 SERVICES

Prosthodontics. Replacement prosthetic devices are covered once every five years, and only if the existing device cannot be made satisfactory. Specialized or personalized prosthetics are limited to the cost of standard devices.

EXCLUSIONS

Plaque control, oral hygiene or dietary instructions.

A separate charge for anesthesia when used for restorative procedures.

Periodontal splinting, including crowns or bridgework for splinting.

Surgical placement or removal of dental implants.

Services covered under worker's compensation or employer's liability laws.

Services covered by any federal, state, county, municipality or other governmental agency.

Services with for congenital (hereditary or developmental) malformations or cosmetic reasons, including cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis or disturbance of the temporomandibular joint.

Services for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing teeth.

Services started prior to the date the individual became eligible for services under the program.

Prescribed drugs, pre-medications or analgesia (nitrous oxide).

Hospital costs or any additional fees charged by a dentist because the patient is hospitalized.

Separate charges for anesthesia, other than general anesthesia administered by a licensed dentist in connection with covered oral surgical services performed in a dental office.

Experimental procedures.

Broken appointments.

Claims submitted more than six months after the date of service.

All other services or supplies not specifically covered.