

**MANAGEMENT AND ATTORNEY
DENTAL PLAN DOCUMENT**

**COUNTY OF ORANGE MANAGEMENT AND ATTORNEY DENTAL PLAN
DOCUMENT**

The County of Orange Management and Attorney Dental Plan assures that all benefits herein described shall be paid to eligible employees and dependents for dental expenses incurred within the inclusion of this Plan.

The Plan is subject to all terms, provisions and conditions recited on the following pages.

The County of Orange has caused this Plan to take effect as of 12:01 a.m., January 1, 1985 at Santa Ana, California.

PLAN PROVISIONS

ELIGIBLE CLASSES

All Employees who are classified as (1) Administrative Management Employees, (2) Executive Management Employees, (3) Fire Management Employees, (4) Law Enforcement Management Employees, (5) Marshal Management, (6) Elected Officials and (7) Attorneys.

EMPLOYEE'S DATE OF ELIGIBILITY

All full-time or part-time employee working 20 hours or more per week will become eligible following completion of 90 days of continuous full-time or part-time employment.

1. A full-time and part-time employee (whether permanent or temporary) is one who works at least the hours in the normal work week established for his job, but not less than 20 hours a week.
2. A full-time employee becomes eligible on the later of (a) the date he completes the waiting period shown in the schedule, and (b) the date he enters the eligible class (see schedule).
3. A part-time employee less than 20 hours per week is not eligible. A part-time employee working 20 hours or more must in addition to meeting other eligibility criteria, pay 50% of the monthly premium.

TERMINATION

The eligibility of an Employee will automatically terminate when:

- (1) he ceases to be a member of the representation unit because of termination of employment (described below) or for any other reason, or
- (2) his class is no longer included in the coverage classes for the insurance, or
- (3) the provisions of the Group Plan terminate.

CO MANAGEMENT AND ATTORNEY DENTAL PLAN DOCUMENT

QUALIFIED DEPENDENT

An employee's wife, husband or unmarried child, except for:

- (1) a person after that person has ceased to be a spouse of the employee by reason of divorce or annulment;
- (2) a child nineteen or more years of age unless (a) wholly dependent upon the employee for support and maintenance, (b) enrolled as a full-time student in an education institution, and (c) less than twenty-five years of age;
- (3) a spouse or child on active duty in any military, naval or air force of any country; and
- (4) a child who is covered as an Employee of the County.

An employee's children include step-children, legally adopted children and foster children, provided they are dependent upon the employee for support and maintenance.

BECOMING INSURED FOR DEPENDENTS INSURANCE

The employee shall be insured with respect to a qualified dependent from the first day, on or after the employee's date of eligibility, and enrollment of the dependent.

TERMINATION OF DEPENDENTS COVERAGE

An employee's dependent coverage will automatically terminate when:

- (1) he ceases to be a member of the coverage classes for the coverage because of termination of employment (described in the Termination of Employee), or
- (2) his class is no longer included in the coverage classes for the coverage, or
- (3) the provisions of the Group Plan terminate.

All of the Dependents Insurance with respect to a particular qualified dependent, will automatically terminate if that dependent ceases to be a qualified dependent.

The benefit year shall be a calendar year, January 1 through December 31.

AMOUNT OF BENEFIT

List of Dental Services applies.

Basic Benefits Percentage – 80%*.

*The Basic Benefit Percentage applicable to a person's benefits under the coverage for a Benefit Year will be increased to the applicable percentage indicated below depending upon the number of immediately preceding consecutive Benefit Years in which the following condition was satisfied.

CO MANAGEMENT AND ATTORNEY DENTAL PLAN DOCUMENT

Condition: The person visited a dentist for examination and diagnosis at least once during the Benefit Year, and all Basic Services, indicated in the List of Dental Services, which were recommended by the dentist as a result of the first of such visits, were completed during that Benefit Year.

<u>NUMBER OF IMMEDIATELY PRECEDING BENEFIT YEARS DESCRIBED ABOVE</u>	<u>CURRENT BASIC PERCENTAGE APPLICABLE TO A PERSON'S INSURANCE</u>
1	90%
2 OR MORE	100%

If, during any Benefit Year, the conditions listed were not satisfied, the Basic Benefits Percentage will become 80% for the next Benefit Year. The Basic Benefits Percentage for subsequent Benefit Years will be increased from 80% as described above.

Basic Benefits Lifetime Deductible Amount -- \$25.00.

Additional Benefits Percentage – 50%.

Additional Benefits Annual Deductible Amount -- \$25.00. However, solely for the purpose of calculating benefits for charges incurred in connection with any one Treatment Plan, charges used toward satisfaction of the Additional Benefits Annual Deductible for a Benefit Year will include any charges in connection with that Treatment Plan which were used toward the satisfaction of the Additional Benefits Annual Deductible for a previous Benefit Year. If any benefit has become payable under the coverage in connection with a charge, that charge shall in no event be considered in the satisfaction of the Additional Benefits Annual Deductible for any Benefit Year.

Maximum Annual Dental Benefit -- \$1,500.

CONTINUANCE IN COVERAGE CLASSES DURING ABSENCE FROM FULL-TIME WORK:

The types of absences and time limits referred to in the Termination of Employee Insurance section of the Insurance Plan Provisions for considering an employee as continuing to be a member of the coverage classes are --

<u>TYPE OF ABSENCE FROM FULL-TIME WORK</u>	<u>TIME LIMIT</u>
Leave of absence or temporary lay-off, for reasons other than disability	End of the policy month following the policy month in which the employee ceased to be actively engaged in work on a full-time or part-time of 20 hours or more per week, basis
Disability	None

PROVISION FOR COORDINATION
OF BENEFITS SUBJECT TO THIS PROVISION WITH OTHER BENEFITS

A. BENEFITS SUBJECT TO THIS PROVISION

All of the benefits under the Plan with respect to expenses incurred on or after the date this provision becomes effective.

When a person is a covered individual under the Plan in more than one capacity either (1) as an employee and as a qualified dependent of another employee, or (2) as a qualified dependent child of more than one employee, coverage of the person in each capacity will be considered as a separate Plan for the purposes of this provision, and this provision will apply separately to the coverage of the person in each capacity as though such coverage were "this Plan" and coverage of the person in any other capacity were other than "this Plan".

B. DEFINITIONS

(1) Plan--Any of the following which provide benefits or services for, or by reason of, dental care or treatment:

- (a) Coverage under governmental programs or required or provided by any statutes. "Plan" shall not include Medicaid.
- (b) Group insurance or any other arrangement of coverage for individuals in a group whether on an insured or uninsured basis, including any prepayment coverage, group practice or individual practice coverage.

"Plan" shall be construed separately with respect to each program, policy, contract or other arrangement for benefits or services, or portion thereof, constituting a "Dental Plan". "Plan" shall also be construed separately with respect to that portion of each program, policy, contract or other arrangement which reserves the right to take benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

A "Dental Plan" is one which primarily provides benefits or services for, or by reason of, dental care or treatment.

- (2) "This Plan" means those portions of the Plan which provide the benefits which are subject to this provision.
- (3) Medicaid--A state program pursuant to Title XIX (Grants to States for Medical Assistance Programs) of the United States Social Security Act, as amended from time to time.
- (4) Allowable Expense--Any necessary, reasonable and customary item of expense at least a portion of which is covered.

PROVISION FOR COORDINATION
OF BENEFITS SUBJECT TO THIS PROVISION WITH OTHER BENEFITS

C. EFFECT ON BENEFITS

- (1) When benefits are provided under this Plan and another plan which also has a coordination provision, the person for whom claim is made will have their benefits determined as follows:
- (a) Benefits will be determined first under the plan where such person is covered other than as a Dependent before the benefits of a plan covering them as a Dependent.
 - (b) Benefits will be determined first under the plan where such person is covered as a Dependent of the person who's Date of Birth is first in the calendar year before the benefits of a plan covering them as a dependent of a person who's Date of Birth is second in the calendar year.
 - (c) In the event that the other carrier (Co-Ordination Benefits) does not honor the Birthday Rule, benefit will be determined by the Gender Rule. That is where such a person is covered first under the plan where such person is covered as a Dependent of a male person, before the benefits of a plan covering them as a Dependent of a female person.
 - (d) When none of the above are applicable, benefits will be determined first under the plan where such claimant has been covered longer before the benefits of a plan covering them the shorter period of time.
- (2) When benefits are provided under this Plan and another plan which also has a coordination provision, a dependent child who has coverage under separate plans as a result of a divorce or separation will have their benefits determined as follows:
- (a) Benefits will be determined first under the plan of the natural parent having legal custody of the child before the benefits of the natural parent not having legal custody.
 - (b) Benefits will be determined first under the plan of the step parent (spouse of the natural parent having legal custody of the child) before the benefits of the natural parent not having legal custody.
 - (c) Benefits will be determined first if there is a court order which assigns financial responsibility for the health care expenses of the dependent child to one of the natural parents, regardless of which natural parent has custody, that parent's plan always pays first.
 - (d) When benefits are provided under this Plan and another plan which -does not have a coordination provision, the benefits of the other plan shall be determined first.

PROVISION FOR COORDINATION
OF BENEFITS SUBJECT TO THIS PROVISION WITH OTHER BENEFITS

D. RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION

For the purposes of determining the applicability of and implementing the terms of this provision Of this Plan or any provision of similar purpose Of any other Plan, County or its Administrator may, with the consent of the insured person, release to or obtain from any other insurance or other organization or person any information, with respect to any person, which County deems to be necessary for such purposes. Any person claiming benefits under this Plan shall furnish to County or its Administrator such information as may be necessary to implement this provision.

E. FACILITY OF PAYMENT

Whenever payments should have been made under this Plan in accordance with this provision have been made under any other Plan, County shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision. Amounts so paid by County shall be deemed to be benefits paid under this Plan and, to the extent of such payments, Prudential shall be fully discharged from liability under this Plan.

F. RIGHT OF RECOVERY

Whenever payments have been made by County with respect to Allowable Expenses in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, County shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as County shall determine any persons to or for or with respect to whom such payments were made, any other insurance companies, any other organizations.

EXCLUSIONS UNDER DENTAL EXPENSE BENEFITS

THE PLAN DOES NOT COVER:

1. A service or supply not included in the "List of Dental Services" except under the conditions explained in "What the Insurance Covers."
2. Anything not furnished by a dentist, except x-rays ordered by a dentist, and services by a licensed dental hygienist under the dentist's supervision; anything not necessary or not customarily provided for dental care.
3. Service (a) furnished by or for the U.S. Government, or (b) furnished by or for any other government unless payment is legally required, or (c) to the extent provided under any governmental program or law under which the individual is, or could be, covered.
4. An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before the patient was covered; root -canal therapy if the pulp chamber was opened before the patient was covered.
5. A crown, gold restoration, or a denture or fixed bridge or addition of teeth to one, if the work involves a replacement or modification of a crown, gold restoration, denture or bridge installed less than five years before.
6. A denture or fixed bridge involving replacement of teeth extracted before the individual was covered, unless it also replaces a tooth that is extracted while covered, and such tooth was not an abutment for a denture or fixed-bridge installed during the preceding five years.
7. Services due to an accident related to employment or disease covered under workmen's compensation or similar law.
8. Replacement of lost or stolen appliances; appliances or restorations for the purpose of splinting, or to increase vertical dimension or restore occlusion.
9. Orthodontics (a program to straighten teeth); dental care of a congenital or developmental malformation; services for cosmetic purposes unless made necessary by an accident occurring while covered. Facings on molar crowns or pontics are always considered cosmetic.
10. Any portion of a charge for a service in excess of the reasonable and customary charge (the charge usually made by the provider when there is no insurance, not to exceed the prevailing charge in the area for dental care of a comparable nature, by a person of similar training and experience).

EXCLUSIONS UNDER DENTAL EXPENSE BENEFITS

11. Expenses applied toward satisfaction of a deductible under the Dental Expense Insurance.

EXTENSION OF BENEFITS

If the Dental Expense Insurance for you or a dependent is terminated, the protection will be extended to cover the following dental care received within the next 30 days, provided benefits would have been paid had the insurance remained in effect:

- a. An appliance, or modification of one, for which an impression was taken before termination.
- b. A crown, bridge or gold restoration for which the tooth was prepared before termination.
- c. Root canal therapy, provided the pulp chamber was opened before termination.

LIST OF DENTAL SERVICES

This List of Dental Services applies to a person's dental coverage. This list includes only those services listed below. Any services not listed will be excluded except as provided in the following paragraph.

If a charge is incurred for a service not included in the list, in connection with the dental care of a specific condition, and if this list contains one or more services which, according to customary dental practices, are separately suitable for the dental care of that condition, then a charge for the least expensive of such services as are included in this list will be considered to have been incurred in lieu of the charge actually incurred.

If two or more services included in this list are separately suitable for the dental care of a specific condition, according to customary dental practices, and if a charge is actually incurred for one of such services, then a charge for only the least expensive of such services will be considered to have been incurred.

BASIC SERVICES

VISITS AND EXAMINATIONS

- Office visit during regular office hours for treatment and observation of injuries to teeth and supporting structure (other than for routine operative procedures)
- Professional visit after hours (payment will be made on the basis of services rendered or visit, whichever is greater)
- Special consultation by a specialist for case presentation when diagnostic procedures have been performed by a general dentist
- Prophylaxis for children under age 14 (limited to two treatments every year)
- Prophylaxis for individuals age 14 or over, treatments to include scaling and polishing (limited to two treatments every year)
- Topical application of sodium fluoride, including prophylaxis (limited to a single treatment per year and to children under age 4)
- Topical application of stannous fluoride, including prophylaxis, per treatment (limited to one treatment per year and to children under age 18)
- Emergency palliative treatment, per visit

X-RAY AND PATHOLOGY

Except for injuries, film fees include examination and diagnosis.

- Single film
- Additional films (up to 12), each
- Entire denture series consisting of at least 14 films, including bitewings if necessary (limited to once every three years)
- Intra-oral, occlusal view, maxillary or mandibular, each

X-RAY AND PATHOLOGY (Cont'd)

- Superior or inferior maxillary, extra-oral, one film
- Superior or inferior maxillary, extra-oral, two films
- Bitewing films including examination (not more than once every six months)
 - 2 films
 - 4 films
- Panoramic survey, maxillary and mandibular, single film (considered an entire denture series)
- Biopsy and examination of oral tissue
- Microscopic examination

ORAL SURGERY

Includes local anesthesia and routine postoperative care.

Extractions

Uncomplicated (single)
Each additional tooth
Surgical removal of erupted tooth
Postoperative visit (sutures and complications) after multiple extractions and impaction

Impacted Teeth

Removal of tooth (soft tissue)
Removal of tooth (partially bony)
Removal of tooth (completely bony)

Alveolar or Gingival Reconstructions

Alveolectomy (edentulous) per quadrant
Alveolectomy (in addition to removal of teeth) per quadrant
Alveoplasty with ridge extension, per arch
Removal of palatal torus
Removal of mandibular tori, per quadrant
Excision of hyperplastic tissue, per arch
Excision of pericoronal gingiva

Cysts and Neoplasms

Incision and drainage of abscess
Radical resection of mandible with bone graft
Removal of cyst or tumor up to 1/2 inch
Removal of cyst or tumor over 1/2 inch

Other Surgical Procedures

Sialolithotomy: removal of salivary calculus
Closure of salivary fistula
Dilation of salivary duct

Other Surgical Procedures (Cont'd)

Transplantation of tooth or tooth bud
Removal of foreign body from bone (independent procedure)
Maxillary sinusotomy for removal of tooth fragment or foreign body
Closure of oral fistula of maxillary sinus
Sequestrectomy for osteomyelitis or bone abscess, superficial
Condylectomy of temporomandibular joint
Meniscectomy of temporomandibular joint
Removal of Foreign body from soft tissue
Frenectomy
Suture of Soft tissue injury
Crown exposure for orthodontia
Injection of sclerosing agent into temporomandibular joint
Treatment of trigeminal neuralgia by injection into second and third divisions

ANESTHESIAS

General, only when provided in conjunction with a surgical procedure.

PERIODONTICS

Emergency treatment (periodontal abscess, acute periodontitis, etc.)
Subgingival curettage or root planing, per quadrant (not prophylaxis)
Correction of occlusion related to periodontal problems, per quadrant
Gingivectomy (including post-surgical visits) per quadrant
Gingivectomy, osseous or muco-gingival surgery (including post-surgical visits)
per quadrant
Gingivectomy, treatment per tooth (fewer than six teeth)

ENDODONTICS

Unless otherwise indicated, the limit shown is for one tooth.

Pulp capping
Therapeutic pulpotomy (in addition to restoration)
Vital pulpotomy
Remineralization (Calcium Hydroxide, temporary restoration) as a separate
procedure only

ROOT CANALS

Including necessary X-rays and cultures but excluding final restoration

Single rooted canal therapy
Bi-rooted canal therapy
Tri-rooted canal therapy
Apicoectomy (including filling of root canal)
Apicoectomy (separate procedure)

BASIC SERVICES (Cont'd)

RESTORATIVE DENTISTRY

Excluding inlays, crowns (other than stainless steel) and bridges. (Multiple restorations in one surface will be considered as a single restoration.)

Amalgam Restorations--Primary Teeth

- Cavities involving one surface
- Cavities involving two surfaces
- Cavities involving three or more surfaces

Amalgam Restorations--Permanent Teeth

- Cavities involving one surface
- Cavities involving two surfaces
- Cavities involving three or more surfaces

Synthetic Restorations

- Silicate cement filling
- Plastic filling
- Composite filling

Pins

- Pin (Retention) when part of the restoration used instead of gold or crown restoration

Crowns

- Stainless steel (when tooth cannot be restored with a filling material)

Full and Partial Denture Repairs

- Broken dentures, no teeth involved
- Replacing missing or broken teeth, each tooth

SPACE MAINTAINERS

Includes all adjustments within six months after installation.

- Fixed space maintainer (band type)
- Removal acrylic with round wire rest only
- Stainless steel clasps and/or activating wires, in addition to basic allowances, per wire or clasp
- Study models
- Removable inhibiting appliance to correct thumb-sucking
- Fixed or cemented inhibiting appliance to correct thumb-sucking

MAJOR SERVICES

RESTORATIVE

Gold restorations and crowns are covered only when teeth cannot be restored with a filling material.

Inlays

- One surface
- Two surfaces
- Three or more surfaces
- Onlay, in addition to inlay allowance

Crowns

- Acrylic
- Acrylic with metal
- Porcelain
- Porcelain with metal
- Gold (full cast)
- Gold (3/4 cast)
- Gold dowel pin

PROSTHODONTICS

Bridge Abutments (See Inlays and Crowns)

Pontics

- Cast Gold (sanitary)
- Steele's facing
- Tru-pontic type
- Porcelain fused to gold
- Plastic processed to gold

Removable Bridge (unilateral)

- One piece casting, gold or chrome cobalt-alloy clasp attachment (all types), per unit

Recementation

- Inlay
- Inlay Crown
- Bridge

Repairs: Crowns and Bridges

- Repairs

PROSTHODONTICS (Cont'd)

Dentures and Partials

Fees for dentures, partial dentures and relining, including adjustments within six months after installation. Specialized techniques and characterizations are not eligible.)

Complete maxillary denture

Complete mandibular denture

Partial acrylic upper or lower with gold or chrome cobalt alloy clasps, base

Teeth and clasps, extra per unit

Partial lower or upper with chrome cobalt alloy lingual or palatal bar and acrylic saddles, base

Teeth and clasps, extra per unit

Simple stress breakers, extra

Stayplate, base

Teeth and clasps, extra per unit

Office reline, cold cure, acrylic

Denture reline

Special tissue conditioning, per denture

Denture duplication (jump case), per denture

Adjustment to denture more than six months after installation

Partial denture repairs (metal)

Adding teeth to partial denture to replace extracted natural teeth

First tooth

First tooth with clasp

Each additional tooth and clasp