
County Health Plan (Indemnity Dental)

- **No network applies. Please go to the dental provider of your choice**
- **Contract Year Maximum (Class I, II, and III Expenses) - \$1,000**
- **Contract Year Deductible: Per Individual- \$50 Per Family- \$150**

Class I Expenses – Preventative and Diagnostic Care- 100%- No Deductible

- Oral Exams
- Cleanings
- Bitewing X-rays
- Fluoride Application
- Sealants
- Space Maintainers (limited to non-orthodontic treatment)
- Full Mouth X-rays-Panoramic X-Rays
- Emergency Care to Relieve Pain
- Histopathologic Exams

Class II Expenses – Basic Restorative Care- 80% after Deductible

- Fillings
- Oral Surgery - Simple Extractions
- Oral Surgery - All Except Simple Extraction
- Surgical Extraction of Impacted Teeth
- Anesthetics
- Major Periodontics
- Minor Periodontics
- Root Canal / Therapy
- Repairs - Bridges, Crowns, and Inlays
- Repairs – Dentures

Class III Expenses – Basic Restorative Care- 50% after Deductible

- Crowns
- Dentures
- Bridges

Class IV Expenses – Orthodontia (Not Covered)

Missing Tooth Provision- 12 Month Waiting Period

Pretreatment Estimate- Available on a voluntary basis when extensive work in excess of \$250 is proposed

Benefit Exclusions (by way of example, but not limited to):

- Services performed solely for cosmetic reasons
- Replacement of a lost or stolen appliance

- Replacement of a bridge or denture within five years following the date of its original installation
- Replacement of a bridge or denture which can be made useable according to accepted dental standards
- Procedures, appliances or restorations, other than full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions TMJ, stabilize periodontally involved teeth, or restore occlusion
- Veneers of porcelain or acrylic materials on crowns or pontics on or replacing the upper and lower first, second and third molars
- Bite registrations; precision or semi-precision attachments; splinting
- Surgical implant of any type
- Instruction for plaque control, oral hygiene and diet
- Dental services that do not meet common dental standards
- Services that are deemed to be medical services
- Services and supplies received from a hospital
- Charges made by a hospital which performs services for the U.S. Government if the charges are directly related to a condition connected to a military service
- Experimental or investigational procedures and treatments
- Any injury resulting from, or in the course of, any employment for wage or profit
- Any sickness covered under any workers' compensation or similar law
- Charges in excess of the reasonable and customary allowances

COUNTY HEALTH PLAN MONTHLY RATES

Without Dental Coverage

*Employee & Spouse	\$441.00
Employee & Child	\$220.00
Employee & Children	\$342.00
Employee & Family	\$732.00

With Dental Coverage

Employee & Spouse	\$495.00
Employee & Child	\$246.00
Employee & Children	\$391.00
Employee & Family	\$815.00

* The \$30 Health Risk Assessment fee is waived if you participate.

* An additional \$30.00 is imposed if your spouse chooses not to participate in the Health Risk Assessment.

For Claims/Customer Service please call: 866-622-2288



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