



**Benefit Summary**  
**CITY OF KETTERING**  
**PPO**

**Benefit Plan Number:** C909

**Benefit Year:** The 12 month period beginning January 1st and ending December 31st (calendar year)

**Annual Maximum Benefit:** \$1500 per Member

**Orthodontic Lifetime Maximum Benefit:** \$1000 per Eligible Member  
 Limited to eligible dependent children under age 19

**Deductible:** \$25 per Member, per Benefit Year  
 \$75 per Family, per Benefit Year  
 The deductible applies to Basic and Major Benefits only

Covered Dental Services	Deductible Applied	In Network		Out-of Network	
		Percentage of Allowable Expense Paid by the Plan	Member Copayment	Percentage of Allowable Expense Paid by the Plan	Member Copayment
Preventive Benefits	No	100%	None	100%	None
Basic Benefits	Yes	80%	20%	80%	20%
Major Benefits	Yes	50%	50%	50%	50%
Orthodontic Benefits	No	50% <small>Limited to eligible dependent children under age 19</small>	50%	50% <small>Limited to eligible dependent children under age 19</small>	50%

**Out of network claims are reimbursed at the Advantage 900 level.**

**Endodontic Services are covered as Basic Benefits.**

**Periodontic Services are covered as Major Benefits.**

**Sealants are covered as Basic Benefits.**

**Dependent children are eligible for coverage until age 26.**

**A complete description of covered services, limitations and exclusions is available in the Certificate of Insurance.**

**Members who receive services from a non-participating provider are subject to balance billing.**

This is a summary only. A complete description of covered services, limitations and exclusions is available in the member handbook or certificate of insurance.

## Preventive Benefits

### PREVENTIVE AND DIAGNOSTIC SERVICES

- Routine oral examinations:** limited to two visits each year
- Prophylaxis (cleaning):** limited to two each year
- Topical application of fluoride:** limited to two treatments each year to children under age 18
- Biteewing X-Rays:** limited to one set each year
- Vertical biteewing X-Rays:** limited to once every three years (7-8 films)
- Periapical X-Rays:** limited to five films per year
- Full-mouth X-Rays (complete series or panoramic):** limited to once every three years

## Basic Benefits

### DIAGNOSTIC SERVICES

- Emergency/limited oral examinations**
- Office visit after hours:** for emergencies only
- Referral consultations and examinations performed by a specialist**
- Extraoral X-Rays**
- Emergency palliative treatment**

### SPACE MAINTAINERS

- Fixed band type:** only with prior authorization, limited to children under age 19

### ORAL SURGERY

*Includes local anesthesia and routine postoperative care.*

#### Extractions

- Simple single-tooth extractions
- Root removal – exposed roots

#### Surgical extractions

- Removal of an erupted tooth (uncomplicated)

#### Incision and drainage of abscess

- Biopsy and examination
- General anesthesia or intravenous sedation: only when necessary and provided in connection with oral surgery

### RESTORATIVE SERVICES

*Includes local anesthesia. Multiple restorations on single surface considered as a single restoration.*

#### Restorations

- Amalgam, composite and sedative fillings:** limited to once every two years per tooth (same surfaces only)
  - Pins: pin retention as part of restoration when used instead of gold or crown restoration
  - Stainless-steel crowns: when tooth cannot be adequately restored with filling material
  - Recementation of inlays, onlays, crowns, bridges, and space maintainers
  - Repairs to crowns and bridges

### FULL AND PARTIAL DENTURE REPAIRS

- Repair broken complete or partial dentures**
- Replacement of broken teeth on complete or partial denture repair**
- Additions to partial denture to replace extracted natural teeth**

## Major Benefits

### RESTORATIVE SERVICES

*Limited to once in five years on the same tooth.*

**Gold restorations and crowns** are covered only as treatment for decay or traumatic injury and only when teeth cannot be restored with a filling material or when the tooth is an abutment to a covered partial denture or fixed bridge.

**Inlays, Onlays, Crowns, Post and Core**

### ORAL SURGERY

*Includes local anesthesia and routine postoperative care.*

#### Surgical extractions

- Removal of impacted tooth – soft tissue
- Removal of impacted tooth – partially bony
- Removal of impacted tooth – completely bony
- Removal of impacted tooth – completely bony, with complications
- Surgical removal of residual roots

#### Pre-prosthetic oral surgery

- Alveoloplasty and vestibuloplasty

### PROSTHODONTIC SERVICES

**Fixed bridge:** limited to one original or replacement prosthesis every five years

**Complete upper or lower denture:** limited to one original or replacement prosthesis every five years

**Partial upper or lower denture:** limited to one original or replacement prosthesis every five years

**Relining and rebasing:** limited to once every three years

## Other Benefits

### PERIODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

**Emergency treatment (periodontal abscess, acute periodontitis, etc.)**

**Periodontal scaling and root planing:** limited to four quadrants each year as definitive treatment when pocket depths of at least 4mm are demonstrated

**Surgical periodontics:** (includes post-surgical visits) limited to two additional recalls in the first year following complex surgery

**Gingivectomy, osseous and muco-gingival surgery, gingival grafting**

**Guided tissue regeneration**

**Periodontal maintenance procedure:** limited to two each year following a history of periodontal disease

### SEALANTS

**Permanent molar teeth:** limited to children under 15 years of age and once every five years per tooth

### ENDODONTIC SERVICES

*Includes local anesthesia and routine postoperative care.*

**Root canal therapy, traditional**

**Retreatment of previous root canal:** must be at least three years following previous root canal on same tooth

**Recalcification and apexification**

## Orthodontic Services\*

*Orthodontic benefits refer to plan design for individual lifetime maximum.*

**Comprehensive orthodontic treatment**

**Other orthodontic treatment:** limited to one appliance per individual

**Appliance for tooth guidance**

**Orthodontic retention appliance**

All benefits paid toward orthodontia services by your current employer's previous dental carrier(s) will be applied to the Dental Care Plus lifetime orthodontia maximum.

**Call us at (800) 367-9466 or visit our website at [DentalCarePlus.com](http://DentalCarePlus.com)  
with any questions you have about service or coverage.**

## NOTICE OF PRIVACY PRACTICES

DENTAL CARE PLUS, INC.

P.O. Box 62262 • Cincinnati, OH 45262 513-554-1100

Effective date of this notice: September 23, 2013

If you have questions about this notice, please contact the person listed under "Whom to Contact" at the end of this notice.

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### SUMMARY

In order to provide you with benefits, Dental Care Plus, Inc. will receive personal information about your dental health. We are required to keep this information confidential. This notice of our privacy practices is intended to inform you of the ways we may use your information and the occasions on which we may disclose this information to others.

### HOW WE MAY USE OR DISCLOSE YOUR DENTAL HEALTH INFORMATION.

We may use your dental health information, or disclose it to others, for a number of different reasons. This notice describes these reasons. For each reason, we have written a brief explanation. We also provide some examples. These examples do not include all of the specific ways we may use or disclose your information.

**1. Treatment.** We may use your dental health information to provide you with dental care and services. This means that our employees, staff, students, volunteers and others, whose work is under our direct control, may read your dental information to learn about your dental condition and use it to help you make decisions about your care. For instance, a dental plan consultant may use dental health information to determine a treatment plan.

**2. Payment.** We will use your dental health information, and disclose it to others, as necessary to make payment for the dental care services you receive. For instance, we may use your dental health information to pay your claim, we may send information to the dental care professional that provided you with the dental care services, or we may send information to another insurance company to coordinate your benefits. If you owe us money, we may give information about you to a collection company that we contract with to collect bills for us.

**3. Dental Care Operations.** We may use your dental health information for activities that are necessary to operate this organization. This includes using your information to plan what services we need to provide, expand, or reduce, and to evaluate quality and improve our operations.

**4. Business Associates.** We may disclose information to third parties or organizations that we contract with to perform services for us. We require these third parties and outside organizations to protect the privacy of your information.

**5. Legal Requirement to Disclose Information.** We are permitted to disclose your information when we are required by law to do so. This includes reporting information to government agencies that have the legal responsibility to monitor the dental care system. For instance, we may be required to disclose your dental health information if we are audited by the state insurance department. We may also disclose your information in the following circumstances:

- when we are required to do so by a court order or other judicial or administrative process.
- when the information relates to a victim of abuse, neglect or domestic violence for law enforcement purposes. This includes providing information to help locate a suspect, fugitive, material witness or missing person, or in connection with suspected criminal activity.
- to a federal agency investigating our compliance with federal privacy regulations.
- if you are a member of the armed forces, as authorized by military command authorities.
- to coroners, medical examiners and funeral directors; to organ procurement organizations (for organ, eye, or tissue donation);
- for national security, intelligence, and protection of the president.
- if you are an inmate, to a correctional institution or to law enforcement officials to provide you with dental care, to protect the dental safety of you and others, and for the safety, administration, and maintenance of the correctional institution.
- to your employer for purposes of workers' compensation and work site safety laws (OSHA, for instance)
- if we decide that the disclosure is necessary to prevent serious harm to the public or to an individual.

**6. Family and Friends Involved In Your Care.** With your approval, we may from time to time disclose your personal dental information to designated family, friends, and others who are involved in your care or in payment for your care in order to facilitate that person's involvement in caring for you or paying for your care. If you are unavailable, incapacitated, or facing an emergency situation and we determine that a limited disclosure may be in your best interest, we may share limited personal dental information with such individuals without your approval. We may also disclose limited personal dental information to a public or private entity that is authorized to assist in disaster relief efforts in order for that entity to locate a family member or other persons that may be involved in some aspect of caring for you.

**7. Information to Members.** We may use your dental health information to provide you with additional dental health related information. This may include mailing dental education materials to your address.

**8. Dental Benefits Information.** If your enrollment in the Dental Care Plus dental plan is sponsored by your employer, your dental health information may be disclosed to your employer, as necessary for the administration of your employer's dental benefit program for employees. Employers may receive this information only for purposes of administering their employee group dental plans, and must have special rules to prevent the misuse of your information for other purposes.

**9. Genetic Information.** We will not use or disclose any genetic information about you or your family members for underwriting or benefit eligibility determinations.

### YOUR RIGHTS

**1. Authorization.** We may use or disclose your dental health information for any purpose that is listed in this notice without your written authorization. We will not use or disclose your dental health information for any other reason without your authorization. For example, we will obtain your authorization before using or disclosing your dental health information for:

**Marketing Communications** unless the communication is made directly to you in person, is simply a promotional gift of nominal value, is a prescription refill reminder, general health or wellness information, or a communication about health related products or services that we offer or that are directly related to your treatment.

**Most Sales** of your dental health information unless for treatment or payment purposes or as required by law.

If you authorize us to use or disclose your dental health information, you have the right to revoke the authorization at any time. For information about how to authorize us to use or disclose your dental information, or about how to revoke an authorization, contact the person listed under "Whom to Contact" at the end of this notice. You may not revoke an authorization for us to use and disclose your information to the extent that we have taken action in reliance on the authorization.

**2. Request Restrictions.** You have the right to ask us to restrict how we use or disclose your dental health information. We will consider your request. But we are not required to agree. If we do agree, we will comply with the request unless the information is needed to provide you with emergency treatment. We cannot agree to restrict disclosures that are required by law.

**3. Confidential Communication.** You have the right to request that we communicate with you by alternative means. This request must be in writing. If we can reasonably accommodate your request within the confines of our system, we will do so. If your request is because you believe the disclosure of information could endanger you, you must notify us of that fact and your request will be accommodated if it is reasonable.

**4. Inspect And Receive a Copy of Dental Health Information.** You have a right to inspect the dental health information about you that we have in our records, and to receive a copy of it. We may charge a fee for the cost of copying and mailing the records. To ask to inspect your records, or to receive a copy, contact the person listed under "Whom to Contact" at the end of this notice.

**5. Amend Dental Health Information.** You have the right to ask us to amend dental health information about you which you believe is not correct, or not complete. You must make this request in writing, and give us the reason you believe the information is not correct or complete. We are not required to make all requested amendments, but we will consider your request carefully. To request an amendment to your information, contact the person listed under "Whom to Contact" at the end of this notice.

**6. Accounting of Disclosures.** You have a right to receive an accounting of certain disclosures of your information to others. We will provide the first list of disclosures you request at no charge. We may charge you for any additional lists you request during the following 12 months. We cannot include disclosures made before April 14, 2003. To request an accounting, contact the person listed under "Whom to Contact" at the end of this notice.

**7. Notice of Breach.** In the unlikely event that there is a breach, or unauthorized release of your dental health information, you have the right to receive notice and information from us on steps you may take to protect yourself from harm.

**8. Paper Copy of this Privacy Notice.** You have a right to receive a paper copy of this notice. If you have received this notice electronically, you may receive a paper copy by contacting the person listed under "Whom to Contact" at the end of this notice.

**9. Complaints.** You have a right to complain if you think your privacy has been violated. You may file your complaint with the person listed under "Whom to Contact" at the end of this notice. You may also file a complaint directly with the Secretary of the U. S. Department of Health and Human Services, at the Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201. All complaints must be in writing. We will not take any action against you if you file a complaint.

### OUR RIGHT TO CHANGE THIS NOTICE

We reserve the right to change our privacy practices, as described in this notice, at any time. We reserve the right to apply these changes to any dental health information which we already have, as well as to dental health information we receive in the future. We will mail the new notice to all subscribers within 60 days of the effective date.

### WHOM TO CONTACT

Contact the person listed below:

- For more information about this notice, or
- For more information about our privacy policies, or
- If you want to exercise any of your rights, as listed on this notice, or
- If you want to request a copy of our current Notice of Privacy Practices.

Contact: Privacy Officer  
Dental Care Plus, Inc.  
P.O. Box 62262  
Cincinnati, OH 45262  
513-554-1100 or 800-367-9466

Copies of this notice are also available at the Dental Care Plus, Inc. office or on our Web site: [www.dentalcareplus.com](http://www.dentalcareplus.com). You may also request a copy by email. Contact the Privacy Officer or send an email to: [hipaa@dentalcareplus.com](mailto:hipaa@dentalcareplus.com).