



**Washington County Dental Plan
2021 Schedule of Dental Benefits
Option ID: WACDP**



Group ID: SFWAC

Claims Address: P.O. Box 1807 Draper, UT 84020

Customer Service 877-453-4201

EDI Payer ID: 88067

Coverage begins: First of the month following date of hire. See plan document for when coverage ends

Dental Networks

Utah: Total Dental Administrators

Outside Utah: DenteMax

You may use any Dental Provider, however by choosing a participating PPO provider you receive discounts and providers can't balance bill over the allowed amount.

Coverage Information	In-Network	Out-of-Network	Benefit Limits January 1st-December 31st
	Discounted PPO Rates	Allowed Amount: U & C	
Annual Maximum	\$1,500 per person for Class I, II, and III Services		Per Calendar Year
Deductible - applies to orthodontics services only	\$250.00 Individual, \$500.00 Family		One deductible per life time.
Class I Services: Preventive	100%	100%	Deductible Waived. No Waiting period
Class II Services: Basic	80%	80%	Deductible Waived. No Waiting period
Class III Services: Major	50%	50%	Deductible Waived. 12 Month Waiting Period. Waiting period waved with Certificate of Credible Coverage
Class IV Services: Orthodontics	50%	50%	Deductible Applies, 12 Month waiting period. Waiting period waved with Certificate of Credible Coverage.
Lifetime Orthodontic Maximum	\$1,200 per person		Covered for Dependent Children through age 19
Class I Services: Preventive	In-Network Discounted PPO Rates	Out-of-Network Allowed Amount: U & C	Benefit Limits January 1st-December 31st
Emergency palliative treatment for pain	100%	100% of <i>allowed amount</i>	Limited to pain relief only
Fluoride Treatment	100%	100% of <i>allowed amount</i>	Twice Per Year, Through age 16
Oral Exams (Routine Evaluations)	100%	100% of <i>allowed amount</i>	Twice Per Calendar year
Prophylaxis (Teeth Cleaning)	100%	100% of <i>allowed amount</i>	Twice Per Calendar year
X-Rays Bitewings	100%	100% of <i>allowed amount</i>	Twice per Calendar year (Up to 4 Procedures)
X-Rays Periapicals	100%	100% of <i>allowed amount</i>	Six Per Year
X-rays Full-mouth and Panoramic	100%	100% of <i>allowed amount</i>	Once every 3 Years
Class II Services: Basic	In-Network Discounted PPO Rates	Out-of-Network Allowed Amount: U & C	Benefit Limits January 1st-December 31st
Arestin/Antimicrobial	80%	80% of <i>allowed amount</i>	
Bone Grafting	80%	80% of <i>allowed amount</i>	Covered as Basic with Perio Maintenance. (See also Covered under Major Service with Implants)
Endodontics	80%	80% of <i>allowed amount</i>	
Fillings - Composite or Amalgam	80%	80% of <i>allowed amount</i>	Limited to one every 18 months on the same surface
Full Mouth Debridement	80%	80% of <i>allowed amount</i>	Limited to 1 every 5 years
Medication	Not Covered		
Nitrous Oxide or other Analgesia Inhalent	80%	80% of <i>allowed amount</i>	
Occlusal Adjustment	80%	80% of <i>allowed amount</i>	
Oral Exam/Consultation (Problem focused)	80%	80% of <i>allowed amount</i>	
Oral Surgery including Extractions	80%	80% of <i>allowed amount</i>	Including wisdom teeth. Impacted covered under medical (Med. Deductible waived)
Periodontics	80%	80% of <i>allowed amount</i>	Twice Per Year
Perio Maintenance	80%	80% of <i>allowed amount</i>	One Per Year Regular, 2 per year in lieu of cleaning
	80%	80% of <i>allowed amount</i>	
Periodontal Scaling and Planing	80%	80% of <i>allowed amount</i>	
Recementing of Crowns, Inlays, Onlays and Bridges	80%	80% of <i>allowed amount</i>	
Relining or Rebased of Partials or Dentures	80%	80% of <i>allowed amount</i>	
Repair to Existing Dentures, Crowns or Bridges	80%	80% of <i>allowed amount</i>	
Root Canal Therapy	80%	80% of <i>allowed amount</i>	
Sealants	80%	80% of <i>allowed amount</i>	Permanent molars, through age 16
Space Maintainers	80%	80% of <i>allowed amount</i>	Though Age 16
Tissue Conditioning	80%	80% of <i>allowed amount</i>	
X-rays (Diagnostic)	80%	80% of <i>allowed amount</i>	

Class III Services: Major	In-Network Discounted PPO Rates	Out-of-Network Allowed Amount: U & C	Benefit Limits January 1st-December 31st
Anesthesia (General) or IV Sedation	50%	50% of <i>allowed amount</i>	Covered for children under age 8, once per year. Age 8 and over for extraction of impacted teeth only.
Crowns, Inlays and Onlays	50%	50% of <i>allowed amount</i>	Benefit payable once every 5 years for same tooth
Custom Abutement	50%	50% of <i>allowed amount</i>	
Dentures - Removable or Replacement, Complete and Partial	50%	50% of <i>allowed amount</i>	Initial installation/replacement limited to once every 5 years
Fixed Bridges	50%	50% of <i>allowed amount</i>	
Implants	50%	50% of <i>allowed amount</i>	
Occlusal Mouth Guards	50%	50% of <i>allowed amount</i>	
Prosthetic Services	50%	50% of <i>allowed amount</i>	
Veneers	Not Covered		
Class IV Services: Orthodontic	In-Network Discounted PPO Rates	Out-of-Network Allowed Amount: U & C	Benefit Limits January 1st-December 31st
Full - Banding Treatment	50%	50%	25% of the total charge is allowed for the initial placement, payable the first month of treatment. Plan requires monthly billings as the difference between the down payment and the number of months left in the treatment plan.
Minor Tooth Guidance Appliances	50%	50%	
Monthly, Active Treatment Visits	50%	50%	

Restated January 1, 2020

Plan does not have a missing tooth clause
 Dependents Covered to Age 26 regardless of student or marital status
 Timely Filing - 12 months from date service incurred
 Coordination of Benefits - Supplemental up to 100% of eligible expense
 This plan does not require Pre-Determination
 Usual & Customary charges refer to allowed amounts
 Refer to plan document for details

Visit www.talltreehealth.com to view benefits, claims history, link to the PPO network and more.

**All claims are subject to Plan provisions at the time of service. Any benefits quoted telephonically or in writing is not a guarantee of payment.
 Claims are determined upon receipt of the claim and any additional information required to make a benefit determination.**