

CCPOA PRIMARY DENTAL



Fee-For-Service and Dental Network



CCPOA
Benefit Trust Fund
Dental Care with a Choice



Effective May, 2008

Accessing care is simple!

You may utilize *any* dentist or choose a dentist from our EPO/PPO network offered through First Dental Health.

First Dental Health EPO/PPO Network

An alternative to traditional dentistry

Dental care can be expensive. But, if you neglect regular preventative care, you can face costly procedures in the future. Or worse, if you skip regular dental care, your oral health can contribute to more serious illnesses that could impact your overall health.

To help you with the cost of dental care, the CCPOA Benefit Trust Fund has negotiated two cost-saving networks. This provides you with different levels of savings depending on the level of provider you select – EPO or PPO. By using a First Dental Health dental provider, you pay discounted fees for a variety of dental services and procedures.

To find a FDH dental provider in your area, simply log onto their website at:
ccpoabtf.firstdentalhealth.com.

You can also contact the Trust at 1-800-IN-UNIT-6 for assistance. Remember, the choice is yours!

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Dental Care Covered Services

Up to \$2,000 of covered expenses will be paid for each member and covered dependent(s) during each calendar year.

Preventive Services

100% of CCPOA Allowable Charges

Visits and Examinations: An exam and two prophylaxis (cleanings) per calendar year. Also pays for topical application of sodium fluoride and sealants but only for covered family members under 15 years of age. Emergency palliative treatment is covered.

Restorative Services

90% of the CCPOA Allowable Charge

Exams and Consultations: All examinations after the first examination each calendar year.

Dental Surgery: Pays for extractions and other dental surgery, including care before and after surgery. Pays for necessary care for injury to natural teeth.

Anesthesia: Pays when general anesthesia is medically necessary.

Periodontics: Pays for scaling and other procedures necessary for treatment of disease of the gums and bones supporting the teeth.

Endodontics: Pays for services including pulpal therapy and root canal fillings.

Restorative Dentistry: Pays for amalgam (silver), synthetic porcelain and plastic restoration.

Major Restorative Services

80% of the CCPOA Allowable Charge

Inlays and crowns where decayed teeth cannot be restored with a filling.

50% of the CCPOA Allowable Charge

Prosthodontic Services: Full dentures, partial dentures and bridges.

Orthodontic Benefits: Lifetime maximum benefit of \$1,000 per eligible member and dependents.

A nine-month waiting period from the effective date of coverage applies for new hires and their family members for covered dental services at 80% and 50%

Exclusions and Limitations

The following is a partial list of exclusions and limitations of your program. For a complete listing, see your Summary Program Description.

Benefits will not be provided in connection with the following:

- **Cosmetic** - Services performed for cosmetic purposes, unless performed for correction of functional disorders or as a result of an accidental injury occurring while you were covered under this plan.
- **Treatment of TMJ** - Diagnosis or treatment by any method or any condition related to the temporomandibular joint (jaw) or associated musculature, nerves and other tissue.
- **Experimental/Investigational** - Experimental or investigational procedures and/or procedures not fully approved by the American Dental Association.
- **Allowable Charges** - Any amounts in excess of the allowable charges as determined under the Program. A complete list of the CCPOA Allowed Amounts are available upon request.
- **Not Medically Necessary** - any services or supplies which in the opinion of the Trust are not medically necessary as defined in the Summary Program Description.

Coordination of Benefits

When a member has more than one group or group-type dental program, combined payments for both programs will be provided up to, but not to exceed, 100% of the billed charges for actual covered services.

Employee Eligibility

Full-time, permanent employees and Permanent Intermittent Employees of the State of California Bargaining Unit 6 and the Eligible Dependents (dependents the employee enrolls and pays any required premiums), become eligible to enroll for coverage on the first day the employee is actively at work. To enroll, the employee must complete an application which can be obtained from the personnel office at your correctional facility or institution.

Effective Date of Coverage

Coverage becomes effective the first day of the month immediately following the pay period from which the first premium deduction is made.

Pre-Authorization

If your dental work will cost more than \$300, ask your dentist to submit the anticipated treatment and charges before work is started. The statement will be reviewed by the CCPOA Benefit Trust Fund and be returned to you and your dentist with the amount payable by the Program.

Family Eligibility

Legally married husband or wife and unmarried children from birth to age 26 may enroll in this program. Children include step-children and adopted children provided such children are dependent upon the employee for support and maintenance. Coverage for a child born under this program begins at birth; however you must complete and submit paperwork to your personnel office within 31 days of the birth.

At age 26 an unmarried, enrolled child who is incapable of self-support due to mental or physical handicap, may continue as a family member as long as disabled. Call the Trust for more information on how to qualify for continuous coverage. Termination of Coverage.

Termination of Coverage

Eligibility for you and your dependents will cease on the first day of the month following each of these circumstances:

- The date you retire
- You stop payment to the Program
- Receipt of written notice from you of your intent to voluntarily withdraw from the Program
- You are no longer eligible to qualify for the Program
- The date the Trust no longer provides coverage for the class of employee to which you belong
- The Program terminates

Eligibility for dependent coverage will cease under any of the following circumstances:

- The date the dependent no longer qualifies for coverage
- The date that dependent coverage is no longer available under the Program

Continuation of Group Coverage

If coverage for you or an enrolled family member ends due to any of the following reasons, you may be eligible to extend your current coverage on COBRA legislation:

- Coverage for your spouse and children may be continued for up to 36 months when they lose eligibility due to your death, divorce or separation or upon your eligibility for Medicare.
- Enrolled children may also continue coverage for 36 months when they are no longer eligible as a dependent.
- Coverage for you, your spouse and your children for up to 18 months if you leave your employer, provided your reasons for leaving are not due to gross misconduct. Coverage may also continue if there is a loss of benefits due to having your work hours reduced.




Appeal Procedures

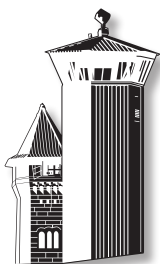
If your claim has been denied, in whole or in part, you may appeal the denial by writing to the Board of Trustees at the Trust office within 180 days after you receive notification of denial. Include in your appeal your reason for requesting review and any additional information and documentation necessary to support it, including relevant X-rays.

Please Read Carefully

This brochure provides a brief description of important features of your program. This is not the Summary Program Description. Only the Program Description sets forth in detail the rights and obligations of the Program, which will prevail over this brochure in case of conflict.



We've Got You Covered.
1-800-In-Unit-6
1-800-468-6486



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Benefit Trust Fund

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