

Eligibility and Effective Date

Employees

Any member in good standing of the Navy Yard Association of Mare Island is eligible to enroll.

Dependents

The spouse of an eligible employee and all unmarried children to age nineteen (19) or age twenty-three (23) if full time student taking twelve (12) units or more are eligible on the same date the employee becomes eligible.

Effective Date of Coverage

Application for enrollment must be made within sixty (60) days after the employee's date of employment, or during an open enrollment period agreed upon by the Association and Blue Shield. Benefits will commence on the last day of two (2) consecutive payroll periods for which deductions for the applicable dues have been received by the administrator (except that if such date is after the 28th day of a month, the effective date will be the first day of the following month).

Administration Office
P.O. Box 19338
Reno, NV 89511
(866) 565-7557

Contributions

Monthly contributions include Association Dues.

Member Only	\$ 51.25
Member and one dependent	\$ 86.25
Member and two or more dependents	\$119.25

This folder represents a summary of the plan and is not a contract. A subscriber will receive an Evidence of Coverage booklet after enrollment.

Dental Benefits

After the deductible is satisfied, the plan provides payments, based on the Allowable Amounts for covered services and supplies provided by a licensed dentist or oral surgeon, to a maximum of \$1,500 for a Participating Dentist and \$750 for a Non-Participating Dentist per person each calendar year.

NAVY YARD ASSOCIATION OF MARE ISLAND



Dental Plan

EFFECTIVE SEPTEMBER 1, 2009
www.mareislandnya.com

Underwritten by:



**BLUE SHIELD
OF CALIFORNIA**

(CALIFORNIA PHYSICIANS' SERVICE)

Customer Service
1-888-702-4171

Payable at 100% of Allowed Amount:

Diagnostic Services – visits and consultations, diagnostic procedures and prophylaxis once in a six (6) month period. Not subject to the deductible for a Participating Dentist, 80% for a Non-Participating Dentist after the deductible.

Payable at 80% of Allowed Amount:

Oral Surgery – extractions or other dental surgical procedures and pre and postoperative care.
Restorative Dentistry – amalgam, synthetic porcelain and plastic restorations, or space maintainers.
Endodontics – pulpotomy therapy and root canal fillings.
Periodontics – all necessary procedures for the treatment of diseases of the gums and bone supporting the teeth.

Payable at 50% of Allowed Amount:

After twelve (12) consecutive months of coverage under the Dental Plan, benefits are provided at 50% of the applicable allowance for:
Prosthetics – bridges and partial or complete dentures, including adjustment and repair. Only one Prosthetic appliance is covered in any five (5) consecutive years.
Restorative Dentistry – restoration by means of crowns, jackets, inlays and onlays.

Coordination of Benefits

The benefits of this plan will be coordinated with the benefits of any other group plan benefits to which the individual is entitled.

Limitations and Exceptions

Services and supplies for treatment of congenital malformations are not a benefit until the individual has been continuously covered under the plan for at least thirty-six (36) months.

Charges not covered are: charges incurred in connection with treatment to the teeth or gums for tumors; for services or supplies purely cosmetic in nature; or for incidental to orthodontic services; for treatment of temporomandibular joint syndrome; or for services received prior to the effective date of the person's coverage hereunder.

Precertification of Benefits

Before any course of treatment expected to cost more than \$250.00 is started, you should obtain Precertification of Benefits. Your dentist should submit the recommended treatment plan and fee together with appropriate diagnostic x-rays to Blue Shield. BlueShield will review the treatment plan to determine the benefits payable under the plan.

Exclusion for Duplicate Coverage

If a person is enrolled under this plan and is also entitled to benefits under any of the conditions listed below, Blue Shield's liability for the treatment of any one illness or injury will be reduced by the amount of benefits paid, or the reasonable value of the services or supplies provided without any cost to the person, because of his or her entitlement to such other benefits. This exclusion is applicable to benefits received from any of the following sources:

- 1) Benefits provided by any federal or state governmental agency, or by any county or other political subdivision except that this exclusion does not apply to the Medi-Cal program.
- 2) Benefits to which a person is entitled under any Workers' Compensation of Employers Liability law, provided that Blue Shield's right will be limited to the establishment of a lien upon such benefits up to the amount paid by Blue Shield.

MAXIMUM BENEFIT PAYMENT

PER PERSON PER CALENDAR YEAR

Participating Dentist \$1,500
Non-Participating Dentist \$ 750

CALENDAR YEAR DEDUCTIBLE

Each covered person \$ 50
Maximum per Family \$ 150
Does not apply to Diagnostic and Preventive Services by Participating Dentists. Applies to all other combined services of Participating and Non-Participating Dentists.

MAXIMUM % OF ALLOWABLE CHARGE

Diagnostic & Preventive Care

Participating Dentist 100%
Non-Participating Dentist 80%

Basic Services

(includes anesthesia, emergency treatment to relieve pain, oral surgery, restorative dentistry sealants, space maintainers, endodontics & periodontics.)
Participating Dentist 80%
Non-Participating Dentist 70%

Major Services

(includes crown buildups, crowns, prosthetics, inlays, onlays, jackets, posts and cores & veneers)
Participating Dentist 50%
Non-Participating Dentist 50%

ENHANCED DENTAL BENEFITS FOR PREGNANT WOMEN

Not subject to plan deductibles with network dentists; includes routine prophylaxis including prophylaxis for pregnancy gingivitis, periodontal scaling and root planing, and periodontal maintenance.
Participating Dentists 100%
Non-Participating Dentists 100%

Third Party Liability

Through the fault of another person (third party), Benefits of this plan are not applicable, unless the covered person agrees to reimburse Blue Shield for benefits provided for treatment of injury from any damages for bodily injury which may be collected.

Arbitration of Disputes

If a person covered or claiming coverage or benefits from Blue Shield has a dispute or disagreement of any nature with Blue Shield, the dispute or disagreement shall be resolved entirely by arbitration.

Dental Care Benefits

Allowable Amount

Once the deductible has been satisfied, plan payments are made at the indicated percentage of the allowable amount. The allowable amount is determined by Blue Shield, based upon Billed Charge data for the same or similar services submitted to Blue Shield during a period of time which Participating Dentists have contracted with Blue Shield and are obligated to accept as payment in full for the services provided. Call your Dentist to determine if he/she is a Participating Dentist or a Directory is available on-line at www.mylifepath.com. Non-participating Dentists will be paid according to the allowable amount as well; however, Non-Participating Dentists may balance bill you for their fees. You are responsible for the balance billing.

Before any course of treatment expected to cost more than \$250.00 is started, you should obtain Precertification of Benefits. Your dentist should submit the recommended treatment plan and fees together with appropriate diagnostic x-rays to Blue Shield. Blue Shield will review the treatment plan to determine the benefits payable under the plan.

Diagnostic and Preventive

Payable at 100% to a Participating Dentist, not subject to plan deductible, or 80% to a Nonparticipating Dentist, subject to the deductible:

- 1) Clinical oral examinations, including consultations by a specialist (if diagnostic services are provided by a Dentist or physician other than practitioner providing treatment), not more than once in any period of six (6) consecutive months.
- 2) Dental Prophylaxis not more than once in any period of six (6) consecutive months. (Prophylaxis in conjunction with fluoridation or any other procedure and periodontal prophylaxis shall be considered as being a prophylaxis for the purpose of applying this limitation).
- 3) Topical application of fluoride not more frequently than once in any period of twelve (12) consecutive months and only for eligible dependents under the age of 18.
- 4) Periodontal prophylaxis (recall or maintenance visit) not more than a combined total of one periodontal and/or regular prophylaxis per each period of six (6) months.

X-rays

- 1) Bitewing film not more than once in any period of six (6) consecutive months. Full Mouth series (includes 10 to 14 periapical x-rays and supplementary bitewing films) not more than once in any period of 24 consecutive months. In applying this 24 months limitation, a panoramic

x-ray shall be considered a full mouth series.

Note - X-rays required to diagnose a specific condition that needs treatment are not subject to the limitations stated above.

- 2) Diagnostic casts not more than one in any period of twenty-four (24) consecutive months. Working models taken in conjunction with a prosthetic or other appliance are not considered to be diagnostic casts.

Basic Services

Participating Dentist - Payable at 80% of the allowable amount after the deductible.

Non-Participating Dentist: Payable at 70% of the allowable amount after the deductible.

Anesthesia - General, only when provided in conjunction with a covered oral surgical procedure.

Endodontics - Pulp capping, therapeutic pulpotomy – deciduous teeth only (in addition to restoration); vital pulpotomy – deciduous teeth only; apexification; root canals on permanent teeth only, including pulpotomy or other palliative treatment and necessary x-rays and cultures, but excluding final restoration; root canal therapy; apicoectomy (including apical curettage).

Oral Surgery - Extractions; removal of impacted teeth, cysts and neoplasms; other surgical procedures; includes local anesthesia and routine pre- and postoperative care.

Palliative - Emergency treatment for relief of pain.

Periodontics - Emergency treatment including but not limited to periodontal abscess and acute periodontitis; root planing (not prophylaxis); subgingival curettage, gingivectomy and osseous surgery (including post surgical visits).

Restorative Dentistry - Amalgam restorations; synthetic restorations (i.e. silicate cement filling and composite filling); stainless steel crowns when the tooth cannot be restored with a filling material. Inlays, crowns (other than stainless steel); veneers and other laboratory produced restorations and bridges are excluded. See Major Services.

Space Maintainers - Includes all adjustments within six (6) months after installation. Benefits for space maintainers are limited to eligible dependent children under age sixteen (16).

Sealants - One (1) treatment in any period of twenty-four (24) consecutive months per each permanent molar and only for patients under age eighteen (18).

Major Services

Payable at 50% of the allowable amount:

Prosthetics (*after twelve (12) months of continuous coverage under the plan) - Crowns, bridges, dentures, partials and relining or repairs.

*** This waiting period is waived for members transferring from the Pre-paid Plan to this plan during the open enrollment period as established between Blue Shield and your Association.**