PRINCIPAL EXCLUSIONS AND LIMITATIONS

All dental care services and/or dental procedures within any of the following classifications are excluded from coverage under the Schedule of Dental Benefits and this Agreement.

1. Services for injuries, or conditions, which are covered under Worker's Compensation or Employers' Liability Laws, services which are provided without cost by any governmental agency, except Medi-Cal benefits.

2. Services which, in the opinion of the Dental Panel Provider, are not necessary for the Dental health of the patient.

3. Cosmetic, elective or aesthetic dentistry.

4. Oral surgery requiring the setting of fractures or dislocations.

5. Treatment of malignancies, cysts, or neoplasms, alveolar, or gingival reconstruction.

6. Dispensing of drugs.

7. Congential defects.

8. In the event a patient requires hospitalization for any dental procedure, the cost, including all services, will be born by the patient.

9. Services reimbursable by insurance or other health plans shall be coordinated.

10. Replacement due to loss or theft of dentures or bridgework.

11. General or intravenous anesthesia and work done thereunder, except by a specialist.

12. Examinations required for obtaining or continuing employment or government licensing or to obtain personal insurance.

13. Temporary stay plate used for cosmetic purposes is excluded.

14. Procedure to increase vertical dimension or to restore occlusion.

15. Services with respect to teeth missing or replacement of dentures, crowns or bridgework at the time coverage begins will be included only after twelve continuous months of coverage.

16. Prophylasxis (cleanings) are limited to once every 6 months.

17. Work started but not completed at time of eligibility under the plan.

GENERAL PRACTITIONER CO-PAYMENT SCHEDULE

ALL CO-PAYMENTS SHOWN BELOW ARE TO BE PAID TO THE DENTAL OFFICE AT THE TIME OF SERVICE

THERE IS A $4.00 CO-PAYMENT PER VISIT IN ADDITION TO CO-PAYMENTS LISTED BELOW

DIAGNOSTIC & PREVENTIVE CO-PYMT	
Oral Examination	No charge
Full mouth x-rays every 3 yrs or as needed	$10.00
2 Bite Wing x-rays	$ 6.50
4 Bite Wing x-rays	$ 8.50
Single x-ray	No charge
Each additional x-rays	No charge
Emergency, palliative (office hours)	$ 20.00
(after hours)	$ 30.00
Vitality test	No charge
Topical fluoride	No charge
Oral hygiene	No charge
PERIODONTICS (By General Practitioner)	
Prophylaxis (teeth cleaning)	
To age 14	No charge
Adult	No charge
Subginvival curettage per quadrant	$ 35.00
Gingivectomy, per quadrant	$ 95.00
ENDODONTICS (By General Practitioner)	
Vitalometer Test	No charge
Pulp Capping	No charge
Vital Pulpotomy	No charge
Culture Canal	No charge
Single Root Canal	$ 278.00
Bi-Root Canal	$ 313.00
Tri-Root Canal	$ 408.00
Apicoectomy and fill Canal	$ 178.00
Apicoectomy separate appt	$ 72.00
CROWN & BRIDGE (By General Practitioner)	
* Porcelain Fused to Metal, Crown or pontic	$ 515.00
* Full Veneer Crown or Pontic	$ 448.00
* Only or ¾ Crown or Pontic	$ 432.00
Re-cement Crown,Bridge,inlays	No charge
ORAL SURGERY (By General Practitioner)	
Alveolectomy edentulous/quadrant	$ 36.00
Alveolectomy & ridge extension Per arch………	$ 23.00
Palatal Torus	B/R
Mandibular Torus	B/R
Simple extractions, local anesthesia	$ 12.00
Analgesis inhalation	$ 20.00
Local anesthetics	No charge
RESTORATIONS	
Primary Teeth:	
Amalgam, 1 surface	$ 10.00
Amalgam, 2 surface	$ 17.00
Amalgam, 3 surface	$ 24.00
Permanent Teeth:	
Amalgam, 1 surface	$ 15.00
Amalgam, 2 surface	$ 24.00
Amalgam, 3 surface	$ 38.00
Pin build-up	$ 24.00
Composite	$ 38.00
Fixed Spacer, band type	B/R
Removable Spacer	$ 71.00
Temporary Filling and CaOH	No Charge
Stainless Steel Crown (Primary)	$ 36.00
Stainless Steel Crown (Permanent)	$ 36.00
PROSTHETICS	
Maxillary Denture	$ 605.00
Mandibular Denture	$ 605.00
Partial denture cast frame, base free	$ 605.00
Acrylic partial, cast clasps	$ 185.00
Teeth and clasp per unit	$ 26.00
Stress breaker per unit	No charge
Stay plate (Laboratory cost)	B/R
Denture Adjustment	.No charge
Office reline, cold cure	$ 82.00
Laboratory reline (Laboratory cost)	B/R
Repair broken denture (Lab cost)	B/R
Missed Appt or 24 Hour Cancellation	**$ 13.00**

B/R = By Report

This is a brief description of the benefits provided. For any procedure not listed, contact either the Administrator or the NYA office for complete details.

Some Dental Centers do not provide all services such as Periodontics, Endodontics, Oral Surgery, etc. therefore, please refer to the plan Referral Offices for specialty care or call the administrator's office.

Dental services set forth in the Schedule of Dental Benefits shall be provided by a participating Dental provider only, except for Emergency services while the member is more than 50 miles from their assigned Dental Service Center. Such emergency treatment will be limited to reimbursement of $25.00.

- **When semi-precious metal or gold is deemed to be necessary in the opinion of the provider, the fee is determined by adding the lab cost onto the co-payments.**

LIMITATIONS: Neither the Dental Health Plan nor the Dental Panel Provider shall be obligated to render services in the following occurrences: 1. Major disaster or epidemic 2. Complete or partial destruction of facilities, war, riot, civil insurrection labor disputes or when a dispute between Provider and Patient exists. Patient may then choose another Dental Provider or file a formal complaint for review by the Trustees of the plan.

Navy Yard Association of Mare Island

AVAILABLE TO ASSOCIATION MEMBERS ONLY

PREPAID DENTAL PROGRAM

EFFECTIVE: November 1, 2009

Administration Office

Premier Claims Administrators, LLC
P.O. Box 19338
Reno, NV 89511
Phone: Toll Free (866) 565-7557
Fax: (775) 786-9637

(Revised November 2009)

(Last Name) (First Name) (Date of Birth) (Social Security #)

(Address) (Employer)

(City, Sate, Zip) (Home Phone) (Work Phone)

I hereby apply for Dental Health Plan membership for myself, and my family dependents listed hereon, and agree that we shall abide by the provision of the Dental Service Agreement and Health Plan Regulations.

I certify that the dependents listed heron are supported by me and reside in my household, or are otherwise eligible as defined in the Service Agreement.

Signature Date

Eligible Dependents:

Last Name	First Name	Relation	Date of Birth

PREPAID
DENTAL PLAN

Write the number of the Dental Center you desire below:

Dental Center #: ______

Minimum Enrollment Period

Each subscriber must agree to remain on the program for a minimum period of one year and for one-year periods thereafter.

Members must request cancellation, **in writing**, 30 days prior to the requested termination date.

Administrator's Use Only:

INTRODUCING:

THE PREPAID DENTAL PLAN

The Prepaid Dental Plan provides its members with a plan that is comprehensive in its coverage, simple in its operation, and competitive in cost.

All forms of conventional care and treatment are provided, plus a strong diagnostic and preventative maintenance program designed to control future occurrence of dental disease.

Care will be provided at conveniently located dental health centers staffed by qualified, licensed dentists.

ADVANTAGES OF THE PLAN

Excellent benefit coverage per contribution dollar. Minimal "out of pocket" expense to members. Modern equipment for diagnosis and treatment. Modern, well equipped, professional dental facilities.

No upper dollar limit on dental care.
No deductibles.
No claim forms.
Convenient office hours.

PROVIDES COMPREHENSIVE DENTAL SERVICES

1. DIAGNOSTIC
   Provides all necessary procedures to assist Dentist in evaluating required dental treatment
2. ORAL SURGERY
   Provides for extractions and other oral surgery, including pre- and post-operative care.
3. RESTORATIVE DENTISTRY
   Provides amalgam, synthetic porcelain and composite restorations (fillings), crowns and jackets when teeth cannot be restored with filling material.
4. ENDODONTICS
   Includes procedures necessary for the treatment of non-vital teeth, pulpal therapy and root canal fillings.
5. PERIODONTICS
   Includes procedures necessary for the treatment of diseases of the gums and bone supporting the teeth.
6. PROSTHODONTICS
   Includes bridges, partial and complete dentures, crowns and space maintainers. Replacement only after five (5) years of placement.
7. Orthodontic treatment available to members and their dependents through a panel provider only at a discount. For additional information call FirsTier.

ELIGIBILITY

Any active or retired Federal Employee or surviving spouse, and dependent children to age 19 (or to age 23 if a full-time student) are eligible. It is the member's responsibility to furnish the administrator proof of full-time student status.

TERMINATION OF BENEFITS

Coverage for you and/or your dependents terminates at 12:01am, Pacific Standard Time, at the end of the last period for which contributions are paid.

Members are required to request termination of dental plan participation, <u>in writing.</u> Termination <u>must</u> be requested 30 days, or more, prior to the requested termination date. Requests <u>must</u> be mailed to:

Premier Claims Administrators, LLC
Re: Termination of Benefits
P.O. Box 19338
Reno NV 89511

***<u>or</u>* faxed to: Premier Claims Administrators, LLC**
Re: Termination of Benefits
1-775-786-9637

THIRD PARTY LIABILITY

If the services rendered hereunder are required due to injury caused by the negligence of a third party and if you receive other insurance benefits, the plan shall be entitled to charge the usual and customary prevailing rates for dental services. Upon settlement of your claim against the negligent party, you shall pay, or cause to be paid to the Plan, any amount the Plan paid.

MONTHLY CONTRIBUTIONS INCLUDING ASSOCIATION DUES

Member only ………………………………….$ 25.00
Member and dependents …………………..$ 44.25

Participating Dental Providers:
GENERAL PRACTITIONER DENTAL OFFICE
Write number of dental office you desire in the appropriate space on the enrollment card

1. **Vallejo Dental Assoc.**
   475 Redwood St. #30
   Vallejo, CA 94590
   707-643-1714
2. **Tri-City Dental Svcs**
   634 Webster #A
   Fairfield, CA 94533
   707-399-8569
3. **Smile Care Dental Grp**
   133 Plaza Drive, Ste. R
   Vallejo, CA 94591
   707-557-6245
5. **Gene Waldman DDS**
   1708 Franklin St
   Oakland, CA 94612
   510-893-3611
6. **Smile Care Dental Grp**
   15301 Washington Ave.
   San Leandro, CA 94579
   510-351-6820
7. **Art Deco Dental**
   1844 San Miguel Dr. #206
   Walnut Creek, CA 94596
   925-279-3326
14. **Parkside Dental Team**
    1325 Travis Blvd.
    Fairfield, CA 94533
    707-427-2222
16. **Napa Dental**
    1700 2nd St. #327
    Napa, CA 94558
    707-252-8077
19. **Sorrento Valley Dental**
    11230 Sorrento Vly
    San Diego, CA 92121
    858-458-9126
20. **Chula Vista Dental**
    345 F St. #140
    Chula Vista, CA 91910
    619-476-1001

PLAN REFERRAL OFFICES

ORTHODONTIC
Jerry Redd, DDS
160 Hospital Drive
Vallejo, CA 94589
707-552-4940

PERIODONTICS
John Bruns, DDS
2121 Redwood St. #C
Vallejo, CA 94590
707-648-3600

Jacob Goldenberg, DDS
3434 Villa Lane Ste 160
Napa, CA 94558
707-252-4144

Brand Ahn, DDS
1325 Travis Blvd
Fairfield, CA 94533
707-427-2222

ENDODONTICS
Stephen Holifield, DDS
1325 Travis Blvd
Fairfield, CA 94533
707-427-2222

ORAL SURGERY
Lee Schaller, DDS
1325 Travis Blvd
Fairfield, CA 94533
707-427-2222

Pre-authorization is required by the Plan Administrator, Premier Claims, when being referred to a specialist. There is a two month waiting period for specialty care eligibility.

When referred to a specialist, fees are different than shown for a general practitioner.