



Orange County Fire Authority

Group# SIDVOCF

DENTAL BENEFIT SUMMARY

Annual Deductible \$50.00 per individual
 Calendar Year Maximum: **\$1,500.00**

Preventative Services Deductible Waived NO WAITING PERIOD	100%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Exam – 1 per 6 month period</td></tr> <tr><td>Cleanings (including periodontal maintenance) – 1 per 6 month period</td></tr> <tr><td>Bitewing x-rays – 1 per 6 month period</td></tr> <tr><td>Fluoride application – 1 per 12 month period</td></tr> <tr><td>Space Maintainers</td></tr> <tr><td>Full-mouth or Panoramic x-rays – 1 in 24 month period</td></tr> <tr><td>Periapical X-rays</td></tr> <tr><td>Emergency Palliative – (limited to exam and x-ray only on same date of service)</td></tr> </table>	Exam – 1 per 6 month period	Cleanings (including periodontal maintenance) – 1 per 6 month period	Bitewing x-rays – 1 per 6 month period	Fluoride application – 1 per 12 month period	Space Maintainers	Full-mouth or Panoramic x-rays – 1 in 24 month period	Periapical X-rays	Emergency Palliative – (limited to exam and x-ray only on same date of service)	
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Basic Services NO WAITING PERIOD	90%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Fillings</td></tr> <tr><td>Endodontics</td></tr> <tr><td>Oral Surgery including simple & surgical extractions</td></tr> <tr><td>Periodontics</td></tr> <tr><td>Stainless steel crowns</td></tr> <tr><td>Debridement</td></tr> <tr><td>Arestin (per Tooth)</td></tr> <tr><td>General Anesthesia – when medically necessary and administered in connection with oral or dental surgery</td></tr> <tr><td>Consultation – (limited to exam and x-ray only on same date of service)</td></tr> </table>	Fillings	Endodontics	Oral Surgery including simple & surgical extractions	Periodontics	Stainless steel crowns	Debridement	Arestin (per Tooth)	General Anesthesia – when medically necessary and administered in connection with oral or dental surgery	Consultation – (limited to exam and x-ray only on same date of service)
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Major Services NO WAITING PERIOD	70%	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Bridges</td></tr> <tr><td>Dentures</td></tr> <tr><td>Crowns</td></tr> <tr><td>Inlays, Onlays</td></tr> </table>	Bridges	Dentures	Crowns	Inlays, Onlays					
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Orthodontic Services NO WAITING PERIOD	50%	\$1,000 Lifetime Maximum									

BENEFITS ARE SUBJECT TO CHANGE

- ❖ Participating Providers paid at the applicable First Dental Health (FDH) or Foundation for Medical Care (FMC) Networks Fee schedule. Non-Participating Providers paid at UCR.
- ❖ Find Participating Providers at: www.firstdentalhealth.com, select EPO & PPO networks or www.kernfmc.com.
- ❖ Prior extractions not covered unless it includes replacement of a natural tooth lost or extracted while covered under this plan.
- ❖ Prosthetic replacement – one time every 5 years.
- ❖ Pre-service review is required for services exceeding \$250.00, including Orthodontia related services.
- ❖ Services paid upon completion (seat date)
- ❖ 30 day waiting period from date of hire.
- ❖ This is a summary of plan benefits only. Please refer to your Summary Plan Description (SPD) for complete benefit details, including limitations and exclusions. If there is any discrepancy between this benefit sheet and the SPD, the SPD prevails.

Dental Claim Submission: First Dental Health Network
 P.O. Box 919029
 San Diego, CA 92191

Plan Administered by: **HealthEdge Administrators, Inc.**
Customer Service 866-545-4500

EDI Payer ID: CX086

For effective dates on or after: 1/1/18