

# Dental Employee Enrollment Packet

*Dental Plan Options  
Available for  
The Employees and Dependents of*

*Weld County*



**BETA Health**

*"Benefits Done Your Way"*

(303) 744-3007 or 1-800-807-0706  
FAX (303) 369-1051

[www.betadental.com](http://www.betadental.com)

(Plan Options Effective January 1, 2019)



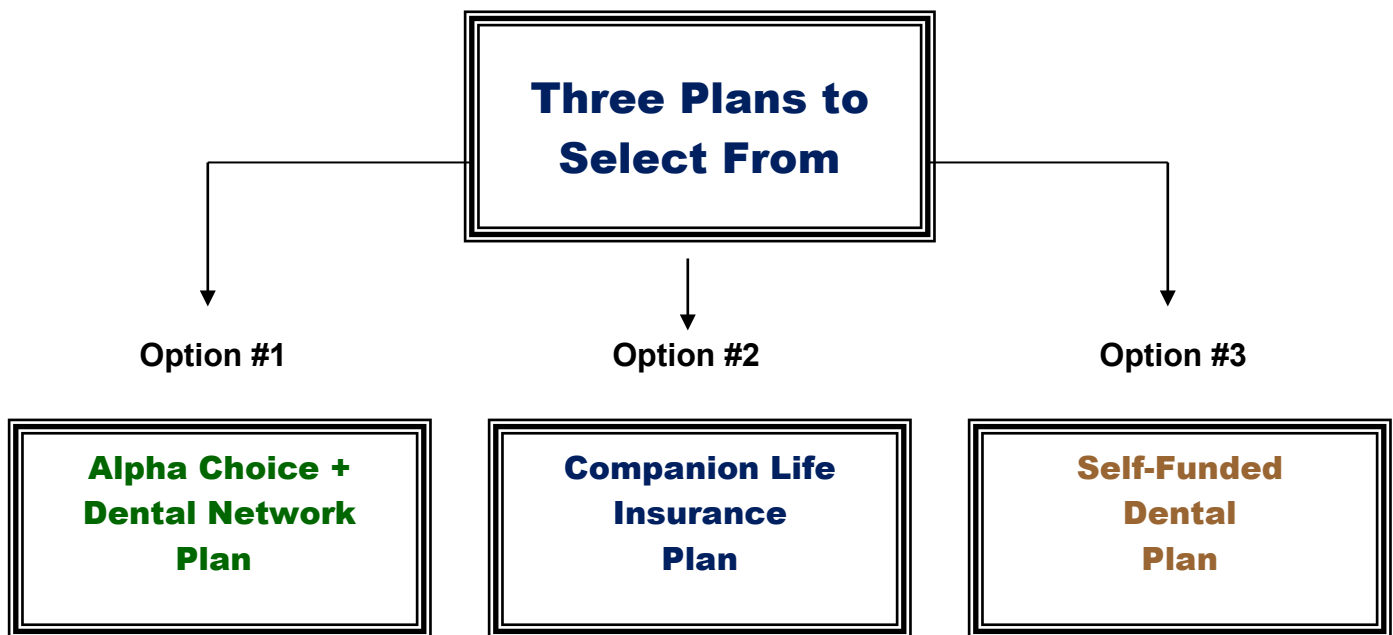


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## WHAT ARE THE THREE DENTAL PLAN OPTIONS?

Weld County allows each employee the choice of enrolling in the Alpha Choice + Dental Plan, the Companion Life Dental Plan, or a Self-Funded Dental Plan. There are many advantages to this flexible arrangement.



### Important Notice!

**All employees MUST enroll in one of the above three dental plans or decline coverage. You can only enroll again at the next open enrollment period (one year from now).**





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**Employee Dental Plan Costs (per pay period)**  
**Beginning January 1, 2019**

<b><u>Option #1 Alpha Choice + Dental Plan</u></b>	<b><u>Full Time</u></b>	<b><u>Three Qtr. Time</u></b>	<b><u>Half Time</u></b>
Employee only	\$ 0	\$ 0	\$ 5.50
Employee + 1	\$11.00	\$11.00	\$16.50
Employee + 2 or more	\$18.00	\$18.00	\$23.50

**Option #2 Companion Life**

Employee only	\$25.28	\$25.28	\$30.78
Employee + 1	\$61.70	\$61.70	\$67.20
Employee + 2 or more	\$115.34	\$115.34	\$120.84

**Option #3 Self-funded Plan**

Employee only	\$ 0	\$ 0	\$ 5.50
Employee + 1	\$11.00	\$11.00	\$16.50
Employee + 2 or more	\$18.00	\$18.00	\$23.50

**Dental Plan Enrollment Guidelines**

1. If an employee takes employee only Health Coverage:
  - Employees have choice of all three dental plans.
  - Employees who take Alpha Choice + or Companion Dental can add dependents even though they are enrolled in County employee only medical. Cost for adding dependents to Alpha Choice + or Companion dental is at employee's expense.
2. If an employee takes Health Coverage and adds dependents:
  - Employees have choice of all three dental plans.
  - Employees and all dependents must be on the same dental plan option.
3. If an employee takes no medical at all:
  - Employees can take the Alpha Choice + or Companion dental options for employee or employee and dependent coverage and the County will contribute towards the cost of either plan as outlined above.





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## Dental Plan Comparison Effective January 1, 2019

<u>Benefit</u>	<u>Option #1 Alpha Choice + Dental</u>	<u>Option #2 Companion Life *</u>	<u>Option #3 Self-Funded Plan *</u>
Dentist Selection	Network Dentist Only	See any Dentist	See any Dentist
Deductible	No deductibles	\$100 lifetime (Per person)	No deductibles
Annual Maximum	None (unlimited)	\$1,700 <u>per person</u> per calendar year	\$1,000 <u>combined</u> per calendar year
Claim Forms	None	DDS submits	Employee submits
Cleanings	\$40 copay	100% <u>Twice per year</u>	100% <u>Once per year</u>
Fillings	Save Approximately 65%	100%	50%
Cosmetic Services ( bleaching veneer bonding etc.)	Save Approximately 20%	Not Covered	Not Covered
Crowns	Save Approximately 60%	50%	50%
Root Canals	Save Approximately 60%	50%	50%
Periodontal Services	Save Approximately 55%	50%	50%
Dentures	Save Approximately 63%	50%	50%
Extractions	Save Approximately 60%	50%	50%
Orthodontic Services (Braces)	Yes (For Children <u>and</u> Adults)	Not Covered	Not Covered

This comparison is intended for general use only. Please reference each options specific coverage sheets for specific benefit information.

\* Claims that are paid on both the Companion Life and Self-funded dental plan options are based upon the Usual and Customary Fee (UCR) for dentists in the specific zip code for which the submitting dentist is located. If a dentist has higher fees than other dentists in their Zip Code, then you will pay the difference between UCR and the dentists billed charges.







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**Dental Option #1**

**The Alpha Choice +  
Dental Plan**





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# **The Alpha Choice + Dental Plan**

## **Plan Highlights:**

- \* The copayments listed on the schedule of benefits (next two pages) are pre-negotiated in advance with the providers in the network and represent a substantial savings off of the provider's normal fee. You pay the provider these amounts directly at the time services are rendered. They are your only financial responsibility on the Alpha Choice + plan. **You will save an average of 60% off of ALL your dental expenses.**
- \* **Cosmetic Dentistry Included (Bleaching, Veneer Bonding, etc.)**
- \* **Immediate Services for all Dental Procedures (No benefit waiting periods)**
- \* **Orthodontic (braces) available for Children and Adults**
- \* **Unlimited Services each year...use the plan as much as you like**
- \* **No pre-existing condition limitations**
- \* **No deductibles to satisfy**
- \* **No claim forms to complete**
- \* **No age limits**
- \* **Select from over 3500 dentists across Colorado**
- \* **Contracted providers credentials are reviewed annually to ensure excellent, quality care when you visit the dental office**

**The above highlights are only considered a sample of the services provided. Please reference the attached Schedule of Benefits for more complete benefit information.**



Please visit [Betaplans.com/ChoicePlus](http://Betaplans.com/ChoicePlus) to locate a provider and the specific fees in your area. There are over 280,000 nationally to select from!

### Choice+ - Plan 502 Fee Schedule

Code	Description	Average Regular Cost	You Pay Only	Average Savings
<b>Diagnostic and Preventive Services (x-rays and cleanings)</b>				
D0120	Periodic oral evaluation - established patient	\$72	\$17	76%
D0140	Limited oral evaluation - problem focused	\$107	\$24	78%
D0150	Comprehensive oral evaluation - new or established patient	\$126	\$28	78%
D0210	Intraoral - complete series of radiographic images	\$221	\$55	75%
D0220	Intraoral - periapical first radiographic image	\$50	\$13	74%
D0230	Intraoral - periapical each additional radiographic image	\$43	\$10	77%
D0270	Bitewing - single radiographic image	\$40	\$13	68%
D0272	Bitewings - two radiographic images	\$63	\$16	75%
D0273	Bitewings - three radiographic images	\$77	\$23	70%
D0274	Bitewings - four radiographic images	\$89	\$27	70%
D0330	Panoramic radiographic image	\$152	\$55	64%
D1110	Prophylaxis - adult	\$108	\$40	63%
D1120	Prophylaxis - child	\$81	\$28	65%
D1351	Sealant - per tooth	\$76	\$27	64%
D1510	Space maintainer - fixed, unilateral	\$421	\$116	72%
D1520	Space maintainer - removable - unilateral	\$504	\$149	70%
<b>Restorative Services (fillings and crowns)</b>				
D2140	Amalgam - one surface, primary or permanent	\$198	\$55	72%
D2150	Amalgam - two surfaces, primary or permanent	\$252	\$68	73%
D2160	Amalgam - three surfaces, primary or permanent	\$306	\$82	73%
D2161	Amalgam - four or more surfaces, primary or permanent	\$369	\$98	73%
D2330	Resin-based composite - one surface, anterior	\$215	\$65	70%
D2331	Resin-based composite - two surfaces, anterior	\$264	\$82	69%
D2332	Resin-based composite - three surfaces, anterior	\$318	\$104	67%
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	\$403	\$128	68%
D2391	Resin-based composite - one surface, posterior	\$248	\$88	65%
D2392	Resin-based composite - two surfaces, posterior	\$322	\$130	60%
D2393	Resin-based composite - three surfaces, posterior	\$397	\$160	60%
D2394	Resin-based composite - four or more surfaces, posterior	\$460	\$182	60%
D2710	Crown - resin-based composite (indirect)	\$1,317	\$251	81%
D2720	Crown - resin with high noble metal	\$1,382	\$532	62%
D2750	Crown - porcelain fused to high noble metal	\$1,509	\$630	58%
D2751	Crown - porcelain fused to predominantly base metal	\$1,383	\$571	59%
D2752	Crown - porcelain fused to noble metal	\$1,419	\$594	58%
D2790	Crown - full cast high noble metal	\$1,580	\$620	61%
D2791	Crown - full cast predominantly base metal	\$1,363	\$578	58%
D2930	Prefabricated stainless steel crown - primary tooth	\$368	\$123	67%
D2931	Prefabricated stainless steel crown - permanent tooth	\$442	\$142	68%
D2950	Core buildup, including any pins when required	\$369	\$123	67%
D2951	Pin retention - per tooth, in addition to restoration	\$112	\$29	74%
D2952	Post and core in addition to crown, indirectly fabricated	\$566	\$194	66%
D2954	Prefabricated post and core in addition to crown	\$458	\$152	67%
<b>Endodontic Services (root canals)</b>				
D3110	Pulp cap - direct (excluding final restoration)	\$118	\$27	77%
D3120	Pulp cap - indirect (excluding final restoration)	\$121	\$27	78%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$301	\$65	78%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	\$1,017	\$363	64%
D3320	Endodontic therapy, premolar tooth (excluding final restorations)	\$1,161	\$429	63%
D3330	Endodontic therapy, molar tooth (excluding final restorations)	\$1,425	\$541	62%
<b>Periodontic Services (gum disease)</b>				
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$866	\$368	58%
D4341	Periodontal scaling and root planing - four or more teeth per quadrant	\$348	\$122	65%
D4910	Periodontal maintenance	\$191	\$75	61%
<b>Prosthetic Services - Removable (dentures)</b>				
D5110	Complete denture - maxillary	\$2,433	\$791	67%
D5120	Complete denture - mandibular	\$2,464	\$791	68%
D5130	Immediate denture - maxillary	\$2,606	\$825	68%
D5140	Immediate denture - mandibular	\$2,638	\$825	69%

**Choice+ Plan 502 Fee Schedule - Page 2 of 2**

<b>Code</b>	<b>Description</b>	<b>Average Regular Cost</b>	<b>You Pay Only</b>	<b>Average Savings</b>
<b>Prosthodontic Services - Removable (dentures) Continued</b>				
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,968	\$722	63%
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	\$1,924	\$722	62%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,495	\$897	64%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	\$2,494	\$897	64%
D5410	Adjust complete denture - maxillary	\$127	\$41	68%
D5411	Adjust complete denture - mandibular	\$127	\$41	68%
D5520	Replace missing or broken teeth - complete denture (each tooth)	\$264	\$65	75%
D5630	Repair or replace broken clasp - per tooth	\$368	\$82	78%
D5650	Add tooth to existing partial denture	\$314	\$71	77%
D5660	Add clasp to existing partial denture - per tooth	\$369	\$90	76%
D5730	Reline complete maxillary denture (chairside)	\$528	\$167	68%
D5731	Reline complete mandibular denture (chairside)	\$522	\$167	68%
D5740	Reline maxillary partial denture (chairside)	\$501	\$160	68%
D5741	Reline mandibular partial denture (chairside)	\$515	\$160	69%
D5750	Reline complete maxillary denture (laboratory)	\$644	\$219	66%
D5751	Reline complete mandibular denture (laboratory)	\$644	\$219	66%

**Implant / Abutment Supported Prosthetic Services (where available)**

**20% Discount**

**Prosthodontic Services - Fixed (dentures)**

D6240	Pontic - porcelain fused to high noble metal	\$1,520	\$543	64%
D6241	Pontic - porcelain fused to predominantly base metal	\$1,400	\$504	64%
D6242	Pontic - porcelain fused to noble metal	\$1,437	\$526	63%
D6750	Retainer Crown - porcelain fused to high noble metal	\$1,441	\$603	58%
D6751	Retainer Crown - porcelain fused to predominantly base metal	\$1,397	\$543	61%
D6752	Retainer Crown - porcelain fused to noble metal	\$1,398	\$562	60%

**Oral Surgery Services (extractions)**

D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	\$261	\$65	75%
D7210	Erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	\$387	\$165	57%
D7220	Removal of impacted tooth - soft tissue	\$440	\$137	69%
D7230	Removal of impacted tooth - partially bony	\$549	\$180	67%
D7240	Removal of impacted tooth - completely bony	\$674	\$252	63%
D7250	Removal of residual tooth roots (cutting procedure)	\$440	\$138	69%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	\$422	\$116	73%
D7320	Alveoloplasty not in conjunction with extractions -four or more teeth or tooth spaces, per quadrant	\$633	\$166	74%
D7510	Incision and drainage of abscess - intraoral soft tissue	\$343	\$85	75%

**Orthodontic Services (braces for children and adults)**

**20% Discount**

**Miscellaneous Services**

D9110	Palliative (emergency) treatment of dental pain - minor procedure	\$185	\$44	76%
D9215	Local anesthesia in conjunction with operative or surgical procedures	\$87	\$16	82%
D9230	Inhalation of nitrous oxide / anxiolysis, analgesia	\$113	\$29	74%
D9951	Occlusal adjustment - limited	\$290	\$62	79%
D9952	Occlusal adjustment - complete	\$922	\$249	73%

**General Plan Limitations and Exclusions**

- This schedule applies to services provided by a participating General Dentist only. The purpose of this schedule is to establish the maximum fee that a General Dentist will charge for each listed procedure. Member is responsible for all applicable charges at the time of service. Fee schedules are subject to change without prior notification to members.
- Dental procedure codes not listed on this schedule will be discounted at 20% off of the General Dentist's normal fee at the time of service.
- Participating Specialists (Board Certified or Advanced Degree) do not charge according to a fee schedule. Participating Specialists will give a 20% discount off of their normal fees.
- Discount plans are not insurance.
- If the General Dentist's normal fee for any dental procedure is less than the fee listed on this schedule, the dentist will charge 20% off of their normal fee for that dental procedure.
- Any procedure involving lab and OSHA fees will incur additional costs. All applicable lab and OSHA fees are the full responsibility of the member and are subject to no discount.
- While all participating providers are professionally licensed in the state in which they practice, we do not guarantee the quality of service of the providers. Any quality of care concerns involving any participating provider should be directed in writing to Careington Corporation, Attn. Provider Relations, PO Box 2568, Frisco, Texas 75034. Please call 800-290-0523 if you have any further questions.
- It is the members responsibility to verify that the dentist is a participating Provider before seeking any treatment. Any dental procedure performed by a non-participating dentist are not discounted and are charged at the dentists normal fees.
- The dollar amount specified adjacent to each procedure may not be the only cost incurred for a given treatment - many treatments may require more than one dental procedure. Please consult for provider for a detailed treatment plan prior to beginning any work.
- We can not guarantee the continued participation of any dentist. If the dentist leaves the plan, you will need to select another participating provider. Not all types of dentists may be available in your area.
- Fee schedules are determined by the zip code of the participating provider.
- For comparison purposes only, the "Average Regular Cost" listed above is based on zip code 80231. Please go to [www.betaplans.com/choiceplus](http://www.betaplans.com/choiceplus) for the "Average Regular Cost" and discounted fees in your specific zip code.



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**Dental Option #2**

**The Companion Life  
Dental Plan**







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# **The Companion Life Dental Plan**

## **Plan Highlights:**

- \* See any Dentist you wish
- \* \$100 lifetime deductible applies per person.....most are calendar year  
- Deductible is combined between both basic and major services
- \* Orthodontic Services (braces) not covered
- \* Two Cleanings per person per year covered at 100% after deductible
- \* Pre-existing condition exclusions apply
- \* \$1,700 calendar year maximum benefit for each family member
- \* Fillings covered at 100% after deductible
- \* Major services covered at 50% after deductible
- \* Payments are made to dentists by predetermined Usual, Reasonable, and Customary (UCR) fees
- \* Excellent claims service

**The above highlights are only considered a sample of the coverage's provided. Please reference the attached Companion Life Schedule of Benefits and the Certificate of Coverage for more complete benefit information.**





## A Dental Plan For Groups of Three or More

### Covered Services Description

### SELECT ANY DENTIST

Preventive, Basic, and Major services are subject to a combined lifetime deductible of \$100 per covered person. The Companion Life Dental Plan must be offered with one of the Beta Health Association, Inc. Network Dental Plans as an option for all eligible employees. A minimum of three employees must enroll in the Companion Life Dental Plan to start coverage. 30% of all eligible employees must be enrolled between all plans.

#### Preventive Services

- No waiting periods before benefits begin
- Routine exams, cleanings (once every 6 months)
- Fluoride treatments for dependent children under age 19 (once every 12 months)
- Bitewing x-rays (once every 12 months)
- Emergency exams for dental pain (minor procedures)

#### Plan B (without ortho)

100%

#### Basic Services

- No waiting periods before benefits begin
- Periapical x-rays
- Full mouth or panorex x-rays (once every 36 months)
- Simple restorative procedures (fillings)
- Simple extractions
- Palliative treatment for dental pain and local anesthesia

100%

#### Major Services

- 12 month waiting period before benefits begin (unless takeover applies)
- Replacement of prosthodontics, dentures, crowns, and inlays
- Endodontic procedures (Root canals)
- Periodontic procedures (Gum disease)
- Major restorative procedures (crowns and inlays)
- Dental implants (adult only)
- Prosthetic procedures (bridges and dentures)
- Space maintainers
- Oral surgery procedures (non-simple extractions)
- Denture relines
- General anesthesia (for services dentally necessary)

50%

#### Plan Maximum Benefit

- Per covered person per calendar year
- Combined between Preventive, Basic, and Major Services only

\$1,700

#### Orthodontic Services

- 12 month waiting period before benefits begin (unless takeover applies)
- No deductible applies to Orthodontic procedures
- \$1,000 lifetime maximum benefit per covered dependent
- For children only to age 19

Not Available

#### Takeover Benefits (if prior plan is being replaced with like benefits)

Takeover means that credit is given for waiting periods for like coverages only which were accumulated under an existing dental plan at the initial open enrollment only. No credit is given for deductibles satisfied under your existing plan.

1. For an employer group to be eligible for Takeover Benefits, at least five employees must enroll in the Companion Life plan at the initial open enrollment.
2. In order to provide Takeover Benefits, your employers current dental plan must have been in effect continuously for at least 12 months.
3. All employees covered on the effective date with continuous coverage from the prior group plan are eligible for Takeover Benefits. Waiting periods will be reduced by the amount of time covered under the prior plan.
4. Takeover Benefits must be requested when the group is submitted for coverage and are subject to the approval of Companion Life.

Benefit payments are based upon the allowable charges in the area in which the service is provided. Any Dentist charges above this allowable fee are not an eligible expense. A monthly billing fee of \$1 per covered employee per month (not to exceed \$10 per month) will also apply.

**Note:** This a general outline of covered services and does not include all the covered services, limitations and exclusions of the policy. See your certificate for specific details.

## **Limitations and Exclusions**

Covered expenses will not include and no benefits will be payable for :

1. For any treatment which is for cosmetic purposes or to correct congenital malformations, except for medically necessary care and treatment of congenial cleft lip and palate.
2. To replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed bridge within five years of the date of the last placement of these items, unless required because of an accidental bodily injury sustained while the Insured is covered. Replacement is not covered if the item can be repaired.
3. For initial placement of any prosthetic appliance or fixed bridge unless such placement is needed because of the extraction of natural teeth during the same period of continuous coverage. But the extraction of a third molar (wisdom tooth) will not qualify the item for payment. Any such appliance or fixed bridge must include the replacement of the extracted tooth or teeth. Coverage does not include the part of the cost that applies specifically to replacement of teeth extracted prior to the period of coverage.
4. For the addition of teeth to an existing prosthetic appliance or fixed bridge unless for replacement of natural teeth extracted during the same period of continuous coverage.
5. For any expense incurred or procedure started prior to the Insured's current period of continuous coverage.
6. For any expense incurred or procedure started after the Insured's insurance under this section terminates, except for a prosthetic appliance, fixed bridge, crown, or inlay or onlay restoration for which both (a) the procedure begins before insurance ends and (b) the item's final placement is within 90 days after insurance terminates.
7. To duplicate appliances or replace lost or stolen appliances.
8. For appliances, restorations or procedures to:
  - a. alter vertical dimension;
  - b. restore or maintain occlusion;
  - c. splint or replace tooth structure lost as a result of abrasion or attrition; or
  - d. treat jaw fractures or disturbances of the temporomandibular joint.
9. For education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control.
10. For broken appointments or the completion of claim forms.
11. For orthodontia service or for any services associated with orthodontic therapy when this optional coverage is not elected and the additional premium is not paid.
12. For sealants which are:
  - a. not applied to a permanent molar;
  - b. applied before age 6 or after attaining age 16; or
  - c. reapplied to a molar within three years from the date of a previous sealant application.
13. For sub gingival curettage or root planning (procedure numbers 4220 and 4321) unless both x-rays and depth summaries of each tooth confirm the presence of periodontal disease involved.
14. Because of an Insured's injury arising out of, or in the course of, work for wage or profit.
15. For an Insured's sickness, injury or condition for which he or she is eligible for benefits under any Worker's Compensation Act or similar laws.
16. For charges for which the Insured is not liable or which would not have been made had no insurance been in force.
17. For service which are not recommended by a dentist, not required for necessary care and treatment, or do not have a reasonably favorable prognosis.
18. Because of war or any act of war, declared or not, or while on full-time active duty in the armed forces of any country.
19. To an Insured if payment is not legal where the Insured is living when expenses are incurred.
20. For any services related to: equilibration, bite registration or bite analysis.
21. For crowns for the purpose of periodontal splinting.
22. For charges for: over dentures, and associated precision or semi-precision attachments and any related Endodontic treatment associated with it; or other customized attachments.
23. For charges for myofunctional therapy, orthognathic surgery or athletic mouth guards.
24. For procedures for which benefits are payable under the employer's medical expense benefit plan for employees and their dependents.
25. Services or supplies provided by a family member or a member of the Insured's household.

### **Predetermination of Benefits:**

As a service to protect the Insured, Companion Life will provide predetermination of benefits for recommended treatment plans that exceed \$300. This predetermination of benefits explains which of the recommended procedures will be covered and at what amount. This benefit helps insured's better understand their coverage. The Insured or Insured's Dentist should submit the treatment plan to Companion Life for review and predetermination of benefits before the service begins.

### **Designed and Marketed By Beta Health Association, Inc.**

6200 South Syracuse Way Suite 460, Greenwood Village, CO 80111  
303-744-3007 or 1-800-807-0706

### **Underwritten and Administered by Companion Life Insurance**

P.O. Box 100102, Columbia, SC, 29202-3102  
1-800-753-0404, Fax 803-735-0736



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**Dental Option #3**

**The Self-funded  
Dental Plan**





# The Self-funded Dental Plan

## Plan Highlights:

- \* See any Dentist you wish
- \* No deductible applies on covered services
- \* Orthodontic (braces) not covered
- \* One Cleaning per person per year covered at 100%  
Second Cleaning covered at 50%
- \* Pre-existing condition exclusions apply
- \* \$1,000 calendar year maximum benefit (combined between all family members)
- \* Fillings and major services covered at 50%
- \* Payments are made to dentists by predetermined Usual, Reasonable, and Customary (UCR) fees
- \* Employee must pay dentist first and then submit claim for payment from Weld County

The above highlights are only considered a sample of the coverage's provided. Please reference the attached information for specific benefit details.





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**SUMMARY OF DENTAL BENEFITS FOR ACTIVE EMPLOYEES AND DEPENDENTS  
WELD COUNTY**

**Maximum Benefits**

Annual \$1000 per Covered Person and/or Family per Calendar Year.

**Deductible**

Not Applicable.

**Benefit Coverage Levels**

Class I  
Preventative 100% of Covered Expenses Incurred.

Class II  
Restorative/Endodontic/  
Prothodontic 50% of Covered Expenses Incurred.

Reimbursement under this plan will be made only after the covered person has paid the bill **in full**.\*.

**\*Dental Installment Agreement:**

When making payments on dental bills, a covered person may sign a dental installment agreement with Weld County which allows receipts for payments to be submitted for reimbursement. The reimbursement on the installment plan will be honored for one year from the date of service. Maximum reimbursement will be based on the benefit limits in the year service is performed. Reimbursement will be applied to limits in the year of payment, up to the expiration of this agreement, or expiration of insurance coverage, whichever occurs first.

**DENTAL ASSISTANCE PROGRAM**

Weld County agrees to provide for employees during continuance of this program, the benefits hereinafter described, in the event any/or their eligible dependent(s) incur dental expenses covered by this program.

The program is subject to all the terms, provisions and conditions recited on the following pages.

Weld County has caused this program to take effect as of 12:01 a.m., Mountain Time, on January 1, 1991, at Greeley, Colorado.

## DEFINITIONS

Terms as used herein shall be deemed to define terms that may be used in the wording of the Plan Document. These definitions shall not be construed to provide coverage under any benefit unless specifically provided.

### **GENERAL DEFINITIONS**

Age Discrimination – Subject to any changes in the Social Security Act, all covered persons age 65 and over are entitled to the same and/or equal benefits that they had prior to age 65.

Amendment – is a formal document changing the provisions of the program and approved by the Board of County Commissioners. Amendments apply to all covered persons, including those persons who are covered before the amendment becomes effective, unless otherwise specified.

Calendar Year – is the twelve (12) month period beginning on each January 1<sup>st</sup> and ending on the following December 31<sup>st</sup>.

Common-Law Marriages – In order for an employee of Weld County to be eligible for dependent dental care coverage, the common-law marriage must be recognized by the state in which the employee resides.

Contract Administrator – shall mean the person or firm employed by the county who is responsible for the processing of claims and payment of benefits, administration, accounts, reporting and other services contracted by Weld County.

Employer – shall refer to Weld County.

Medicare – Title XVIII (Health Insurance for the Aged) of the United States Social Security as amended.

Program – shall refer to the benefits and provisions as described herein for payment.

Program Administrator – Weld County

Subrogation – The transfer of one's liabilities for another's; in this case the temporary assumption of the claimant's liabilities by the program prior to repayment by the party of primary liability. This program contains a subrogation clause and the claimant is obligated to obtain any monies available from third parties to reduce the program's claim losses.

### **DENTAL DEFINITIONS**

Covered Expense – includes only those usual, customary, and reasonable charges made for services and supplies which most physicians would consider to be necessary for treatment of an injury or illness.

Dentally Necessary – any service or supply for treatment or diagnosis of dental disease or injury which is ordered by the attending dentist and consistent with the injury or disease of the covered person.

Diagnostic Charges – means the actual cost charged for x-ray or laboratory examinations of the covered person or his/her dependent which are made or recommended by a dentist for diagnostic purposes.

Expense Incurred – means only the fees and prices regularly and customarily charged for the dental services and supplies generally furnished for cases of comparable nature and severity in the particular geographical

area concerned. Any agreement as to fees or charges made between the individual and the physician shall not bind Weld County Government in determining its liability with respect to expense incurred. Expense incurred is deemed to be incurred on the date on which the service or supply is rendered or except that such charge will be deemed incurred:

- With respect to fixed bridgework, crowns, inlays, onlays, or gold restorations, on the first date of preparation of the tooth or teeth involved.
- With respect to full or partial dentures, on the date the impression was taken, and
- With respect to endodontics, on the date the tooth was opened for root canal therapy.

Weld County Prevailing Charge Study – this study shall be the basis for claim reimbursement at “usual, customary and reasonable” levels.

Illness – shall mean bodily sickness or disease, psychiatric disorders, and in the case of a new born child, congenital abnormalities that is medically diagnosed and treated by a dentist.

Period of Disability – for a covered employee as it applies to an individual, means all periods of disability arising from the same cause, including any and all complications therefrom except that if the individual completely recovers or returns to active employment, any subsequent period of disability from the same cause shall be considered a new disability.

For a covered dependent, the term “Period of Disability”, means all periods of disability arising from the same cause including any and all complications therefrom, except that if the dependent recovers for a period of three months and throughout such period is capable of resuming the normal activities of a person in good health and of the same age and sex, any subsequent period of disability from the same cause shall be considered a new period of disability.

Total Disability – shall mean that the covered employee is prevented, solely because of a non-occupational injury of non-occupational disease, from engaging in the employee’s regular or customary occupation and is performing no work of any kind for compensation or profit, or if a covered dependent is prevented, solely because of a non-occupational injury or non-occupational disease, from engaging in ALL of the normal activities of a person of like age and sex in good health.

Usual, Customary and Reasonable –

- A. The Usual charge is the most consistent charge by a Physician or provider of service to patients for a given service.
- B. The charge is Customary when it meets the customary criterion as determined by Weld County Government; or
- C. It may be Reasonable if, upon review, it merits special consideration based on the nature and extent of treatment of the particular case.

NOTE: The 90<sup>th</sup> percentile of the Weld County Prevailing Charge Study will be used as a basis for usual, customary and reasonable as it refers to the actual amount of fees charged.

## PROVIDER DEFINITIONS

Hospital – means only an institution constituted and operated pursuant to law, engaged in providing on an out-patient basis at the patient’s expense, diagnostic and therapeutic facilities for the surgical and medical diagnosis, treatment and care of injured and sick individuals, by or under the supervision of a licensed physician.

Physician – is a person acting within the scope of his/her license and holding the degree of Doctor of Dental Surgery (D.D.S.), or Doctor of Medical Dentistry (D.M.D.), who is legally entitled to practice dentistry in all its branches under the laws of Colorado, or under the laws of the State of jurisdiction where the services are rendered. For the purposes of this policy, the term Physician shall also include a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.) who is licensed to perform the particular dental service rendered.

## PARTICIPATION DEFINITIONS

Active Service – An employee will be considered in active service with the employer on a day which is one of the employer’s scheduled work days if the employee is performing in the customary manner all of the regular employment duties with the employer on that day, either at one of the employer’s business establishments or at some location to which the employer’s business requires travel. An employee will be considered in active service on a day which is not one of the employer’s scheduled work days only if the employee was performing in the customary manner all of the regular employment duties on the preceding scheduled work day.

A dependent will be considered in active service on any day if the dependent is then engaging in all the normal activities of a person in good health of the same age and sex, and is not confined in a medical facility (This does not apply to a newborn).

Contribution – shall mean the amount payable by the employer or the amount payable by the employer/employee jointly for participation in the benefits of the plan.

Covered Dependents – shall be those who are eligible as provided under the county health plan and enrolled by a covered employee. Covered dependents shall be the spouse of the covered employee; and children, provided such children are unmarried, and dependent upon the covered employee for support and maintenance. The term “children” shall include natural children, adopted children, foster children and step children who depend upon the employee for support and maintenance.

No employee will be considered as both a dependent and as an employee. If an employee and spouse are both eligible employees, either may have dependent coverage for eligible children, but not both.

Covered Employee – is a regular employee of Weld County who is working at least 20 hours per week consistently and has been enrolled in the program. A covered employee must be enrolled in the Weld County health insurance program to participate in the dental program.

Covered Person – is a covered employee or covered dependent enrolled in the program.

Eligibility and Effective Dates – A covered person shall become effective as follows:

- a. Covered employees shall become effective on the first of the month following the first full month’s pay period.

- b. Dependents shall be covered simultaneously with employees covering them as dependents, provided they are not confined in a hospital on the effective date. Coverage for newborn children will begin from birth. However, they need to be formally enrolled and appropriate coverage arranged within thirty-one (31) days from birth for coverage to be effective thereafter.
- c. Please see HR for the open enrollment period.
- d. In addition, such a covered person will not be effective unless on the date of eligibility, the person is in active service as described herein, otherwise his/her effective date will be deferred until return to active service.

Termination of Coverage – A covered person’s coverage shall automatically terminate on the earliest of the following dates:

- a. The date the employee ceases to be a member of the classes of persons eligible for employee coverage.
- b. The date the employee enters into full-time military or similar service of any country or subdivision thereof, except an employee who is a member of a military reserve unit shall not be considered on full-time military duty.
- c. The date of termination of the plan.
- d. The end of the month when contributions cease.

Pre-existing Condition – New employees or covered persons becoming eligible on or after January 1, 1991, will not be entitled to covered dental expenses that are incurred as the result of an injury or illness for which the covered person has consulted with a dentist or received any dental care or services within the three month period immediately preceding the effective date of coverage, unless incurred after the expiration of a period of ninety (90) days of continuous coverage under the program.

Open Enrollment

Please see HR for the open enrollment period. Enrollment during this time will not require evidence of good health.

Leave of Absence Without Pay

Properly enrolled employees of the employer may continue, at their expense, health coverage for themselves and/or their dependents while on an approved Leave of Absence for the period indicated by the employer’s personnel policy. The employee must pay the county portion along with their portion of the premium by the 1<sup>st</sup> day of each month while on the Leave of Absence.

**DENTAL EXPENSE BENEFIT**  
**ACTIVE EMPLOYEES AND COVERED DEPENDENTS**

If a covered person incurs eligible dental expenses, the program will pay benefits at the co-payment rate as specified in the Summary of Benefits for such expense which is not covered by any other dental coverage, up to the Maximum Annual Benefit as specified in the Summary of Benefits.

Any available automobile insurance coverage will have primary (first) payment responsibility for all expense otherwise covered by this plan.

### **Maximum Annual Benefits**

The Maximum Benefit as shown in the Summary of Benefits is the maximum amount of benefits available for any covered family during a calendar year, whether or not there has been an interruption in coverage.

### **Conversion Privilege**

There is no conversion benefit for dental coverage.

### **Covered Dental Expense**

Covered Dental Expenses shall mean the following dentally necessary charges by a physician for the prevention of dental disease, treating injured or diseased teeth, and the treatment of supporting bone or tissue, not to exceed the maximum specified in the Summary of Benefits:

#### Class I Services:

- a. Initial and periodic oral examinations – one (1) calendar year separated by at least five (5) months;
- b. Prophylaxis – one (1) per calendar year separated by at least five (5) months;
- c. Topical application of fluorides, including prophylaxis – one (1) per calendar year separated by at least five (5) months;
- d. Bitewings, as part of a routine exam – one (1) set per calendar year separated by at least five (5) months;
- e. Single films, as part of a routine exam – thirteen (13) minimum;
- f. Entire denture series, as part of a routine exam – fourteen (14) or more films (no more than one (1) series in a twenty-four (24) consecutive month period);
- g. Full-mouth x-ray as part of a routine exam;
- h. Consultation with another dentist;

#### Class II Services

- a. Dental x-rays to diagnose a symptom;
- b. Space maintainers
- c. Diagnostic tests or laboratory exams excluding any services for orthodontic procedures;
- d. Microscopic examination;

- e. Biopsy and examination of oral tissue;
- f. Emergency or palliative services;
- g. Extractions, other oral surgery and related general anesthesia not covered by the health plan;
- h. Periodontics;
- i. Endodontics;
- j. Injectable antibiotic drugs when administered by the attending dentist;
- k. Crowns, inlays and onlays;
- l. Repair of crowns, inlays, onlays, bridgework or dentures;
- m. Relining or rebasing dentures;
- n. Prosthodontics
- o. Restoration – Amalgam, silicate cement, plastic and composite.

### **DENTAL LIMITATIONS**

The Plan does not cover:

- a. Dental care not included in the list of defined eligible expense; or
- b. Anything not furnished by a physician, except x-rays ordered by a physician, and services by a licensed dental hygienist or dental technician under the physician's supervision; nor anything not necessary or not customarily provided for dental care; or
- c. Services 1) furnished by or for the U.S. Government, or 2) furnished by or for any other government unless payment is legally required, or 3) to the extent provided under any governmental program or law under which the individual is, or could be, covered; or
- d. An appliance, or modification of one, where an impression was made before the patient was covered; a crown, bridge or gold restoration for which the tooth was prepared before the patient was covered; root canal therapy if the pulp chamber was opened before the patient was covered; or
- e. Services due to an injury arising from or in the course of any employment other than Weld County, or benefits provided under a Worker's Compensation Act or similar law; or
- f. Replacement of lost or stolen appliances; or
- g. Appliances or restorations for the purpose of splinting, or to increase vertical dimension or occlusion; or
- h. Any portion of a charge for service in excess of the usual, customary, and reasonable charge as determined by Weld County; or



- i. Charges for services which are not the generally accepted dental practice or service for the condition being treated; or
- j. Services and supplies provided by any person who ordinarily resides in the covered person's household or who is related to the covered person, such as a spouse, parent, child, brother, or sister, whether such relationship exists by blood or in law; or
- k. Charges a covered person would not be required to pay if there were no plan benefits; or
- l. Charges for broker appointments or completion of claim forms; or
- m. Charges for oral hygiene instructions or dietary planning for the control of dental decay; or
- n. Charges for hospitalization due to dental treatment (see the medical plan for additional details); or
- o. Expenses for services which were not recommended or prescribed by a physician; or
- p. Charges for dental treatment which is experimental in nature or which is not yet approved by the Council on Dental Therapeutics of the American Dental Association; or
- q. Implants and/or transplants of teeth; or
- r. Surgical repositioning of jaw; or
- s. Any expenses incurred as a result of an act of war, whether declared or undeclared; or
- t. Any expense that is covered by another dental plan; or
- u. Any expense that is covered under the health insurance that the employee has with Weld County; or
- v. Any expense for treatment of orthodontia and related problems; or
- w. Any expense for initial installation of bridgework or dentures replacing natural teeth extracted prior to coverage under the program; or
- x. Expenses for prosthetic devices and the fitting thereof which were ordered while covered under the program but installed or delivered after termination of coverage; or
- y. Any expenses for duplicate appliances or prosthetic devices.

### **TO FILE A CLAIM**

Claim forms can be obtained from Personnel Services. The Employee Statement on the top of the claim form must be completed IN FULL and signed by the employee. After a covered person receives treatment by a dentist as defined herein and pays the bill in full, itemized bills and copy of the paid receipt should be attached to the claim form. The Attending Dentist Statement form should be completed by the appropriate dentist unless all necessary information is included on the dentist's own form. The completed claim form, the attached bills and the paid receipt should be sent or delivered in a sealed envelope to:

Weld County Accounting Department  
915 10<sup>th</sup> Street  
P O Box 758  
Greeley, Colorado 80632

Claim forms are available for plan participants from Personnel Services of Weld County or at the employee's department.

### **RELEASE OF INFORMATION**

For the purposes of determining the applicability of and implementing the terms of the provision of this program or any similar provision of another plan, Weld County may, without consent of or notice to any individual, release to or obtain from any other insurance company or other organization or individual any information, concerning any individual, which Weld County considers to be necessary for those purposes. Any individual claiming benefits under this program will furnish to Weld County the information that may be necessary to implement the above provisions.

### **PAYMENTS**

Whenever payments which should have been under this Program in accordance with the provision of this program have been made under any other plans, the program administrator will have the right, exercisable alone and in its sole discretion to pay to any organization making those payments any amounts it determines to be warranted in order to satisfy the intent of the Coordination of Benefits provision. Amounts paid in this manner will be considered to be benefits paid under this program; and to the extent of these payments, the employer will be fully discharged from liability under this program.

### **CLAIM PAYMENTS MADE IN ERROR**

If payment in excess of the correct amount due is made, the program may recover all excess amounts paid. Recovery will be made by reducing or suspending future program payments, or by requiring the covered person to pay back the overpayment in full, or in installments, until the overpayment is recovered.

### **RECOVERY AND SUBROGATION**

Whenever payments have been made by Weld County in excess of the maximum amount of payment necessary to satisfy the intent of the Coordination of Benefit provisions, Weld County will have the right to recover excess payment from any individuals, insurance companies or other organizations.

In the event of payment in part or in full by this program of any expense incurred for hospital, surgical, medical, or dental services, and medical supplies for the benefit of a covered person or a covered dependent, this program shall be subrogated to the extent of the amount of such payment to all the rights, powers, privileges and remedies of the covered person or the covered dependent against any person, firm, corporation, organization, plan or other entity regarding the payment of such expense incurred.

### **LEGAL ACTIONS**

No action at law or in equity shall be brought to recover on the program prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of the program. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

## **PROOF OF LOSS/TIMELY SUBMISSION OF CLAIMS**

Written proof of loss must be furnished to Weld County, in case of claim for loss for which the policy provides any payment, within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim it is was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible; and in no event, except in the absence of legal capacity of the claimant, later than one (1) year from the time proof is otherwise required. Under no circumstances will a claim be honored for payment beyond ninety (90) days following the date coverage terminates.

## **FACILITY OF PAYMENT**

If, in the opinion of Weld County, a valid release cannot be rendered for the payment of any benefit payable under this program, Weld County may, at its option, make such payment to the individual or individuals as have, in their opinion, assumed the care and principal support of the covered person and are, therefore, equitably entitled thereto. In the event of the death of the covered person prior to such time as all benefit payments due him/her have been made, Weld County may, at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such covered person.

Any payment made by the program in accordance with the above provision shall fully discharge the program to the extent of such payment.

## **PROCESS IN CASE OF DISPUTED CLAIM**

If a covered employee has reason to believe a claim has not been settled properly, or a claim has been improperly denied, the following process applies:

Request a review in writing from Personnel Services of Weld County within 60 days of receipt of a denied claim, stating in clear and concise terms the reason for disagreement with the handling of the claim. Upon receipt of the request, the file will be reviewed by the Personnel Director and the consultant servicing the account. Results of the review will be furnished to the covered employee, along with copies of pertinent program documents upon which this declination is based. The decision of the consultant is final. If the covered employee still finds the claim is improperly denied per the program documents, he/she has a legal right to take whatever appropriate action he/she believes is necessary.