

Central California Alliance for Health Dental Benefit Summary

Member Services 855-844-0626

Email memberservices@sdcbenefits.com Members can access their ID Card and plan information at **www.directdentalplans.com** by clicking Login > Members

Dental Benefit		
Plan Year	January 1, 2017 – December 31, 2017	
Annual Deductible (waived for preventative & diagnostic)	tive & diagnostic) \$50 per person/\$150 per family	
Annual Benefit Maximum	\$2,000 per person	

Covered Services	In-Network	Out-of-Network
Preventative & Diagnostic Services Two (2) Exams, Two (2) Bitewing X-rays, and two (2) Cleanings allowed every 12 months, Full Mouth X-rays allowed every 36 months, Sealants up to age 16 once per permanent molar every 36 months, Two (2) Topical Fluoride Applications every Plan Year to age 16, Space Maintainers for dependents to age 12.	100% Deductible waived	100% Deductible waived
Basic Restorative Services Basic Fillings, Periodontal Procedures, Root Canal Treatment, Re-cementing of bridges, crowns and inlays, General Anesthesia and Oral Surgery, Emergency Palliative Treatment, Repair of crowns, bridges and removable dentures.	90%	80%
Major Restorative Services Crowns, Inlays, Bridges, Post and Cores, Prosthodontics, Implant Services, Partial and Full Dentures.	60%	50%
Orthodontic Services Lifetime maximum of \$1500 per person for all participants including benefits paid by prior Central California Alliance for Health dental plans.	50%	50%

Dental Coverage Restrictions & Exclusions

- Cosmetic services as defined by IRS regulations.
- Crowns/Jackets/Inlays/Onlays/Cast Restorations/Partial and Full Dentures/Implants that are replaced in less than 5 years from placement.
- Occlusal Repositioning Devices, Night guards and athletic mouth pieces.
- Initial replacement of teeth that were extracted prior to eligibility for any Central California Alliance for Health dental plan.

Dental Health Alliance (DHA) PPO Network

While you may see any provider, this plan has access to the **Dental Health Alliance (DHA) PPO Network.** When you visit a DHA innetwork provider, fees may be up to 30% less than an out-of-network provider. Visit **www.directdentalplans.com** to find a DHA network dentist near you. Out of Network Benefits are paid according to the 90% Usual, Customary and Reasonable Fees for the treating dental office zip code.

Information for Providers – Contact Us to Verify Patient Eligibility		
Provider Services	(855) 866-2615	
	providerservices@sdcbenefits.com	
Claim Mailing Address	Direct Dental Claims	
	P.O. Box 497	
	Milwaukee, WI 53201	
Payer ID	SDCOM (Emdeon & DentalXChange)	
Submit claims online at www.o	directdentalplans.com by clicking on Login > Providers	

Your complete benefit description can be found in the Summary Plan Description (SPD) document.