



**DESOTO COUNTY SCHOOL DISTRICT
2012 SCHEDULE OF DENTAL RATES & BENEFITS**

*Benefits Provided by:
Combined Insurance Services, Inc.
TPA Dental Administrator
1701 NE 42nd Avenue
Ocala, FL 34478
800-473-2181*

MAIL DENTAL CLAIMS TO: P.O. Box 2438 Ocala, FL 34478

GROUP # DES14

RATES:	Employee – for employee w/BCBS	\$14.00 per pay
	Family - for employee w/BCBS	\$ 41.00 "
	Dependent Cov. for employee w/Plan A	\$ 27.00 "

ASO DENTAL

Calendar Year Maximum (per person) \$2,000.00

Deductible Per Person, per calendar year \$50.00
Only Basic and Major services are subject to deductible Family, per calendar year \$100.00

Benefits

- **Class I - Preventive Services** **100%**
 - Oral examinations
 - Dental X-rays
 - Prophylaxis (regular cleanings)
 - Periodontal Cleanings (up to 3 times a year in lieu of regular cleanings)
 - Fluoride application
 - Emergency treatment for pain
 - Space maintainers

- **Class II - Basic Services** **80%**
 - Fillings
 - Extractions
 - Oral surgery
 - Endodontics
 - Periodontal treatment
 - Anesthesia
 - Sealants for children

- **Class III - Major Services** **50%**
 - Inlays, onlays
 - Crowns
 - Bridges, dentures
 - Denture adjustments and repairs

- **Class IV- Orthodontic Services** **Not Covered**

NOTE: A Pre-Treatment Estimate is NOT required however is highly recommended. When you are unsure what your dental plan will cover or would like to know exactly what you're out of pocket costs will be PRIOR to your treatment just ask your dentist to submit to Combined Insurance Services, Inc. a Pre-Treatment Estimate. They will inform C.I.S. of the plan of treatment and C.I.S. will promptly (*response will be mailed within two business days*) let you and your dentist know what will be covered by the plan and how much your out-of-pocket costs will be for the treatment.

For a speedier turn around please have the dentist fax the Pre-Treatment Estimate request to 352-237-2040.

DENTAL EXCLUSIONS & LIMITATIONS

- Initial placement of appliances that replace any teeth missing prior to a covered person's effective date of coverage will be subject to a 12 month waiting period.
- Services for cosmetic or congenital malformation purposes are excluded.
- Replacement of an appliance, crown, or bridge within five (5) years of placement including lost or stolen is not covered.
- All initial placement of an appliance or fixed bridge must include the replacement of the extracted tooth or teeth.
- Replacement of denture or bridgework after five (5) years will be covered if the denture or bridgework cannot be made serviceable.
- Any procedure begun before the effective date will not be covered. Procedures, appliances or restorations to correct tooth position or occlusion will not be covered, including splinting.
- Charges for broken appointments or for completing insurance forms will not be covered.
- Expenses related to injuries received on the job, by the act of war, insurrection, riot, or payable by any other source are not covered.
- Any other expenses not listed as covered, unless the Administrator has certified Coverage for the expenses.