



**DIGNITY HEALTH
CENTRAL COAST DENTAL PLAN**

**2018 BENEFITS SUMMARY
DOCUMENT**

INTRODUCTION

The purpose of this document is to provide you and your covered dependents, if any, with summary information on benefits available under this Plan as well as with information on a Covered Person's rights and obligations under the DIGNITY HEALTH Welfare Benefit Plan (the "Plan"), which is commonly known as FlexAbility. You are a valued employee of DIGNITY HEALTH, and your employer is pleased to sponsor this Plan to provide benefits that can help meet your health care needs.

PLAN DESCRIPTION / NETWORK INFORMATION

Members may select any licensed dentist to receive dental services; however, a group of local dentists has agreed to discount the remaining balance (after deductible and insurance payment) up to 20%. Visit <http://www.brmsonline.com/dignityhealth/central-coast/preferredproviderlist.pdf> for a list of Preferred Dental Providers. The Plan has an individual deductible of \$50 with a family deductible of \$150. The Plan pays a specific amount per procedure as listed in the Schedule of Plan Payments beginning on page 2. Plan participants are required to pay the difference between the dentist's charge and the plan payments, once the deductibles are met. There is a maximum benefit of \$1200 per participant per year. The plan will pay 100% of one (1) annual exam (up to \$50) and one (1) prophylaxis (up to \$75) per year.

Verification of Eligibility

Each individual covered under this Plan will receive an identification card that he or she may present to providers whenever he or she receives services. Call the Dignity Health HR Service Center at 1.855.475.4747 and press 1 for benefits to verify eligibility.

Benefits Information

For benefits information contact Benefit & Risk Management Services (BRMS) at 1.866.755.6974.

SUMMARY OF BENEFITS

Dignity Health Central Coast Dental	
PLAN HIGHLIGHTS	
Administrator	Health Services of the Pacific Central Coast
Network	Any dental provider in the United States
Calendar Year Deductible	\$50 per person/\$150 per family
Calendar Year Maximum Benefit	\$1,200 per person
Diagnostic and Preventive Services	100% up to \$50 for first dental exam per calendar year; 100% up to \$75 for first prophylaxis per calendar year
Fillings, Extractions and Oral Surgery	Plan pays per a fee schedule after deductible
OTHER DENTAL SERVICES	
Crowns, Jackets and Cast Restorations	Plan pays per a fee schedule after deductible
Prosthodontic	Plan pays per a fee schedule after deductible
Orthodontics	Not covered

SCHEDULE OF DENTAL BENEFITS / PAYMENTS

All benefits described in this Schedule are subject to the exclusions and limitations described in this document. The Plan is a plan which contains an Exclusive Provider Organization.

Schedule of Dignity Health Central Coast Plan Payments

Procedure #	Procedure	Plan Payment
Exams (First exam paid at 100%, up to \$50.00)		
100	Yearly Exam	\$31.20
110	Initial Exam	\$8.40
120	Periodic Exam	\$12.00
130	Emergency Exam	\$30.00
140	Limited Oral Eval Problem	\$30.00
150	Comprehensive	\$31.20
180	Comprehensive perio evaluation	\$31.20
Prophylaxis (First prophylaxis paid at 100%, up to \$75)		
1110	Prophylaxis 14 years old and older	\$28.80
1120	Prophylaxis Child	\$21.60
1201	Top App Fluoride/prophylaxis	\$24.00
1203	Topical Fluoride 14 years old and older	\$18.00
1204	Topical Fluoride Child	\$18.00
1205	Topical Fluoride/Prophylaxis	\$30.00
1206	Top Fluoride Varnish	\$18.00
4910	Periodontal Maintenance	\$36.00
Diagnostics X-Rays		
210	Full Mouth X-Rays	\$54.00
220	Single Film	\$18.00
230	Additional Films – up to 12	\$7.20
240	Intraoral Occlusal View	\$18.00
250	Lateral Jaw-One Film	\$19.20
260	Lateral Jaw-Two Films	\$28.80
270	Bitewing X-ray	\$10.80
272	Bitewing – 2 Films	\$21.60
274	Bitewing - 4 Films	\$30.00
330	Panographic Films	\$45.60
340	Cephalometric Film	\$24.00
470	Diagnostics Study Model Only	\$48.00
Sealants		
1351	Sealant – Per Tooth	\$9.60

Schedule of Dignity Health Central Coast Plan Payments (continued)

Procedure #	Procedure	Plan Payment
Space Maintainers		
1510	Space Maintainer/Fixed	\$120.00
1515	Fixed Lingual/Palatal	\$96.00
Restorative		
2110	Amalgam 1 Primary Surface	\$36.00
2120	Amalgam 2 Primary Surface	\$42.00
2130	Amalgam 3+ Primary Surface	\$48.00
2140	Amalgam 1 Surface Permanent	\$42.00
2150	Amalgam 2 Surface Permanent	\$60.00
2160	Amalgam 3+ Surface Permanent	\$72.00
2161	Amalgam Restoration	\$40.00
2330	ResBased Comp 1 Surface Anter	\$54.00
2331	Res Based Comp 2 Surface Anter	\$60.00
2332	Res Based Comp 3 Surface Anter	\$66.00
2335	Res Based Comp 4 Surface Anter	\$78.00
2337	Res Based Comp Crown Anter Per	\$78.00
2380	Res Based Comp 1 Surface Post Primary	\$36.00
2381	Res Based Comp 2 Surface Post Primary	\$72.00
2382	Res Based Comp 3+ Surface Post Primary	\$108.00
2385	Res Based Comp 1 Surface Post Permanent	\$48.00
2386	Res Based Comp 2 Surface Post Permanent	\$96.00
2387	Res Based Comp 3+ Surface Post Permanent	\$144.00
2391	Res Based Comp 1 Surface Post	\$48.00
2392	Res Based Comp 2 Surface Post Permanent	\$96.00
2393	Res Based Comp 3+ Surface Post Permanent	\$144.00
2510	Inlay-Metallic 1 Surface	\$114.00
2520	Inlay-Metallic 2 Surface	\$222.00
2530	Inlay-Metallic 3+ Surface	\$240.00
2644	Porcelain onlay/inlay-4 surface	\$240.00
Crowns		
2710	Crown Resin (laboratory)	\$210.00
2720	Crown Resin High Noble Metal	\$300.00
2721	Crown Resin Pred Base Metal	\$300.00
2722	Crown Resin with Noble Metal	\$300.00
2740	Crown Porcelain	\$300.00
2750	Crown Porcelain-High Nobel Metal	\$300.00
2751	Crown Porcelain Predom base metal	\$300.00
2752	Crown Fused to Noble Metal	\$300.00
2780	Crown ¾ Cast	\$300.00
2790	Crown Cast High Noble	\$300.00

Schedule of Dignity Health Central Coast Plan Payments (continued)

Procedure #	Procedure	Plan Payment
Crowns (continued)		
2791	Crown Cast Pred Base Metal	\$300.00
2792	Crown Cast Noble Metal	\$300.00
2910	Recement Inlay	\$36.00
2930	Stainless Steel Crown Prim	\$54.00
2931	Stainless Steel Crown Perm	\$54.00
2940	Dental sedative filling	\$35.00
2950	Core Build Up, Including any Pins	\$72.00
2951	Pin Retention	\$20.00
2952	Cast Post and Core	\$120.00
2954	Prefab Post and Core	\$100.00
2970	Temporary Tooth	\$24.00
Endodontics		
3110	Direct Pulp Capping	\$30.00
3120	Indirect Pulp Capping	\$37.20
3220	Therapeutic Pulpotomy	\$30.00
3310	Root Canal –Anterior	\$216.00
3320	Root Canal – Bicuspid	\$300.00
3330	Root Canal – Molar	\$300.00
3410	Apicoetomy surgery Anterior	\$252.00
3420	Apicoetomy Molar/Biscupid surgery	\$300.00
Periodontics		
4210	Gingiverctomy Per Quad	\$180.00
4211	Gingiverctomy Per Tooth	\$30.00
4220	Gingival Curettage Surgery	\$72.00
4260	Osseous Surgery per Quadrant	\$48.00
4341	Periodontal Scaling	\$72.00
4342	Periodontal Scaling	\$72.00
4355	Full Mouth Deridement	\$72.00
4910	Perio Maint Procedure	\$36.00
Dentures		
5110	Complete Denture Maxillary	\$480.00
5120	Complete Denture Mandibular	\$480.00
5211	Partial Denture – Maxi Res	\$480.00
5212	Partial Denture – Mand Based	\$300.00
5213	Partial Denture – Metal Maxillary	\$480.00
5214	Partial Denture - Metal Mand	\$480.00
5510	Denture Repair Broken Comp	\$60.00
5610	Repair Broken Denture	\$60.00
5620	Repair Cast Framework	\$42.00
5640	Replace Broken Tooth Each	\$36.00
5650	Add Tooth Partial Denture	\$84.00

Schedule of Dignity Health Central Coast Plan Payments (continued)

Procedure #	Procedure	Plan Payment
Dentures (continued)		
5660	Add Clasp Existing Denture	\$88.80
5730	Reline Maxillary Denture	\$60.00
5750	Reline Maxillary Denture (lab)	\$120.00
5761	Reline Mandibular Denture	\$120.00
5820	Temporization	\$120.00
Oral and Masillofacial Surgery		
7110	Extractions Uncomplicated	\$50.40
7120	Extractions Each Additional Tooth	\$42.00
7210	Extractions Removal Erupt Tooth	\$74.40
7220	Remove Impact Tooth Soft	\$112.80
7230	Remove Impact Tooth Part Bony	\$148.80
7240	Remove Impact Tooth Comp Bony	\$184.80
7270	Tooth Reimplantation	\$60.00
7310	Alveoloplasty Per Quadrant	\$60.00
7320	Alveoloplasty No Ext Per Quadrant	\$98.40
7450	Excise Lesion up to 1.25 cm	\$144.00
7451	Excise Lesion > 1.25 cm	\$276.00
7510	I & D Abscess Intraoral	\$60.00
7520	I & D Abscess Extraoral	\$60.00
7530	Removal of Foreign Body	\$48.00
7960	Frenectomy	\$108.00
Other Services		
9110	Emergency Treatment	\$30.00
9220	Anesthesia (1/2) Hour	\$74.40
9221	General Anesthesia (15 min)	\$24.00
9230	Nitrous Oxide	\$30.00
9241	IV Sedation	\$75.00
9242	IV Sedation Each Additional 30 Minutes	\$40.00
9310	Professional Consultation	\$36.00
9430	Office visit Regular Hours	\$24.00
9440	Office Visit After Hours	\$30.00
999	OSHA	\$10.80

**LIMITATIONS AND EXCLUSIONS TO THE DIGNITY HEALTH
CENTRAL COAST DENTAL PLAN (Dental expenses are subject to coordination of
benefits)**

LIMITATIONS

1. Prophylaxis--2 per calendar year (see schedule of payments).
2. Full mouth X-rays--1 set per 12-month period.
3. Gold restorations are covered only if tooth cannot be restored with a lesser material.
4. Porcelain backed to gold crowns or facings are not eligible if placed on teeth posterior to second bicuspid.
5. Placement of initial prosthetics only for teeth that are extracted while covered under this Plan.
6. Replacement of any prosthetics is not covered until 4 years of continuous dental coverage under this Plan and after each subsequent 4-year period.

**DENTAL EXPENSE SHALL NOT INCLUDE EXPENSE INCURRED FOR
TREATMENT OF:**

1. Orthodontics of malocclusion--including congenital malocclusion.
2. Disease covered by Worker's Compensation or injuries arising out of any employment for wage or profit.
3. Services supplied by a governmental agency.
4. Loss or theft of dentures or bridgework.
5. Services rendered by a member of your immediate family.
6. Any procedure that is not listed in the Schedule of Dental Expense Benefit.
7. Any procedure that was started prior to the effective date of the individual's coverage (e.g., impressions, preparation of tooth for crown, root canal therapy if pulp chamber open).
8. For which payment is made under the terms of this Plan other than this dental expense benefit.
9. Cosmetic dentistry unless as a result of an accidental injury to natural teeth occurring while covered and restorations must be accomplished within 180 days.

GENERAL PLAN INFORMATION

DIGNITY HEALTH is named the Plan Administrator for this Plan. The Plan Administrator has retained the services of Benefit & Risk Management Services (BRMS), an independent Third Party Administrator to process claims and handle other duties for this self-funded Plan. The Third Party Administrator does not assume liability for benefits payable under this Plan, since they are solely claims-paying agents for the Plan Administrator.

The employer assumes the sole responsibility for funding the Plan benefits out of general assets; however, Employees help cover some of the costs of covered benefits through contributions, Deductibles, out-of-pocket amounts, and Plan Participation amounts as described in the Schedule of Benefits. All claim payments and reimbursements are paid out of the general assets of the employer and there is no separate fund that is used to pay promised benefits. As a self-insured welfare plan and one that is covered by the Employee Retirement Income Security Act of 1974 (“ERISA”), the Plan constitutes an “employee welfare benefit plan” within the meaning of Section 3(1) of ERISA.

TYPE OF ADMINISTRATION

The Plan is a self-funded group dental Plan and the administration is provided through a Third Party Claims Administrator. The funding for the benefits is derived from the funds of the Employer and contributions made by covered Employees. The Plan is not insured.

For Appeals to the Claims Administrator

Benefit & Risk Management Services (BRMS)
PO Box 2140
Folsom, CA 95673

For Appeals to the Dignity Health HR Service Center:

HR Service Center
Dignity Health
3033 N. 3rd Avenue
Phoenix, AZ 85013

For Appeals to the Plan Administrator:

Employee Benefits Administrative Committee
Dignity Health
3033 N. 3rd Avenue
Phoenix, AZ 85013

Employer Information:

Dignity Health
185 Berry Street, Suite 300
San Francisco, CA 94107
1.855.475.4747