

The Association “Hi-Option” Plan†

How the plan works

The PacifiCare Dental Association “Hi-Option” indemnity plan offers you access to an unlimited choice of dentists. You have the freedom of choice to see any dentist you wish. So, if you already have a favorite dentist, you can stay with that office and still receive a full range of benefits.

What your plan covers

Our Association “Hi-Option” indemnity dental plan covers a broad spectrum of dental care, including preventive checkups and cleanings, fillings, oral surgery, root canals, gum treatment, crowns and bridges, dentures. Your specific plan description can be found on the reverse side of this flyer.

Questions?

Feel free to call our Member Service Department. Representatives are available to assist you Monday through Friday from 8 a.m.-6 p.m. Pacific Standard Time at **1-800-22-TEETH (1-800-228-3384)**.

† Underwritten by PacifiCare Life Assurance Co.,
except in California where underwritten by
PacifiCare Life & Health Insurance Co., Inc.

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PacifiCare®
Dental & Vision Administrators

The Association[†]

“Hi-Option” Dental Plan

Summary of Coverages

Calendar Year Maximum, per person.....	\$	1,000
Calendar Year Deductible.....	\$	50
Calendar Year Maximum Deductible, per family	\$	150

Class I – Diagnostic & Preventive*

	<u>PLAN PAYS</u>
Oral prophylaxis, includes teeth scaling and polishing (once each six months only)*	
Adults.....	\$25.00
Children (to age 14).....	20.00
Topical fluoride application.....	18.00
Fixed space maintainer (band type).....	78.00
X-rays: Full mouth series (once every 24 mos)*.....	36.00
X-rays: Single films: First film*.....	10.00
X-rays: Each additional film*.....	5.00

Class II – Routine

Amalgam restorations (permanent teeth)	
One tooth surface.....	32.00
Two tooth surfaces.....	35.00
Three tooth surfaces.....	37.00
Oral surgery	
Simple extractions: First tooth.....	25.00
Simple extractions: Each additional tooth (same visit).....	20.00
Impactions: Soft tissue.....	40.00
Impactions: Partial bony.....	55.00
Impactions: Complete bony.....	90.00

Class III – Major**

Gold restorations	
One tooth surface.....	78.00
Two tooth surfaces.....	90.00
Three or more tooth surfaces.....	112.00
Plastic crown with non-precious metal.....	200.00
Porcelain crown with non-precious metal.....	300.00
Gold crown (full cast).....	175.00
Pontic, porcelain baked to gold.....	190.00
Full denture, upper.....	350.00

PLAN PAYS

Full denture, lower.....		350.00
Partial acrylic denture, upper or lower, with chrome palatal or lingual bar and acrylic saddles (base).....		360.00

Orthodontics***

The orthodontic benefit covers: consultation, all necessary appliances, banding, and monthly office visits for 24 months. Specific copayment levels have also been set for start-up and retention services. Orthodontic treatment must be provided by a PacifiCare Dental Panel Orthodontist.

Access to the orthodontic panel is not available for treatment rendered outside the state of California. Refer to the *Discount Access Orthodontic Program* summary sheet for more information on this program.

<u>Description</u>		<u>PATIENT PAYS</u>
Class I.....	\$	1,895.00
Class II.....	\$	1,895.00
Class III.....	\$	1,895.00

* Deductible waived for these services.

** There is a one-year waiting period for major services. This waiting period will be waived for employees/dependents listed on the prior carrier's billing at the time of transfer to a PacifiCare Dental indemnity plan. New hires are always subject to this one year waiting period.

*** Maximum and deductible do not apply to orthodontics.

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