

ORTHODONTIC INFORMATION SHEET

To take advantage of the PacifiCare SignatureValue (HMO) orthodontic benefit, a member must:

- Be an eligible member or dependent currently enrolled in a PacifiCare SignatureValue dental plan;
- Not be subject to any exclusion listed for orthodontic coverage;
- Have a written referral to a contracted PacifiCare Dental orthodontist, submitted by the assigned dental Provider Group.

PacifiCare Dental Orthodontic Benefits:

1. Startup services including:

- Panoramic radiographs.
- All required tracings.
- All diagnostic study models.
- All photographs.
- All case studies.

Member copayment: \$250

(Services performed by outside laboratories are not a benefit; therefore, the cost is entirely the member's responsibility.)

2. All treatment performed during a 24-month period, including:

- Consultations and all office visits.
- Fixed and/or removable appliances (including headgear) required to adequately complete treatment in a satisfactory manner, subject to the limitations and exclusions of the plan.
- Banding.
- Retention, if required within a 24-month covered treatment period.

Member copayment: \$1895 for both upper and lower arch
\$947.50 for upper or lower arch only

If orthodontic treatment requires more than 24 months, members may be charged the orthodontist's regular fees for additional monthly visits as needed, as well as copayments for retention (see item #3 below).

3. Retention is included in the full treatment copayment if started during the 24-month active treatment coverage period. If retention is begun after the 24-month treatment period, then an additional retention copayment is applicable.

Member copayment: \$250 for children up to age 18
(includes upper and lower retainers);
\$300 for adults age 18 and older
(includes upper and lower retainers)

4. Final records, if required by your orthodontist, including photographs, models, radiographs or other studies.

Member copayment: \$150

(Services performed by outside laboratories are not a benefit; therefore, the cost is entirely the member's responsibility.)

5. The following are not covered orthodontic benefits:

- Lost, stolen, or broken appliances
- Treatment in progress prior to the effective date of PacifiCare Dental coverage
- Extractions required for orthodontic purposes
- Surgical orthodontics or jaw repositioning
- Myofunctional therapy
- Cleft palate
- Micrognathia
- Macroglossia
- Hormonal imbalances
- Orthodontic retreatment when initial treatment was rendered under this plan
- Palatal expansion appliances

6. If a treatment plan is for less than 24 months, then a prorated portion of the full member copayment shall apply.

7. If member's dental eligibility ends, for whatever reason, and the member is receiving orthodontic treatment under the plan, the remaining cost for that treatment will be prorated at the orthodontist's usual fees over the number of months of treatment remaining. The member will be responsible for the payment of this balance under the terms and conditions pre-arranged with the orthodontist.

8. If the member has the orthodontist perform a "diagnostic work-up" (a consultation and diagnosis) and then decides to forgo the treatment program, the member will be charged a \$50 consultation fee, plus any lab costs incurred by the orthodontist.

9. A member is eligible for only one 24-month orthodontic treatment period while covered under this Plan.

Procedure for Orthodontic Referrals:

The assigned dental Provider Group will complete a written referral form for the member and mail it to PacifiCare Dental. PacifiCare Dental will process the referral request. The referral will be made to a specialist contracted with PacifiCare Dental, who practices in the member's area. A copy of the processed referral is sent to the member, to the referring dentist and to the selected contracted orthodontist, who has agreed to provide these services at reduced fees for PacifiCare Dental members. The member can then call the Orthodontist and schedule an appointment.

Interceptive Orthodontic Treatment

One orthodontic benefit under this plan is available per lifetime, per member. A member may access this benefit for either Interceptive Orthodontic Treatment or Comprehensive Orthodontic Treatment, or both. If both interceptive treatment and comprehensive treatment are necessary, and both are completed within a 24-month period, the copayments listed will apply. If both are necessary and active treatment for both extends beyond 24 months, the provider is obligated to accept the plan copayment only for the first 24 months of active therapy. The provider may charge usual and customary fees for active treatment extending beyond the 24-month benefit period.

ORTHODONTIC BENEFITS (BRACES)

for PacifiCare SignatureValue (HMO) Plan Participants

Summary of Coverages

Who is eligible?

To take advantage of the PacifiCare SignatureValue orthodontic benefits, a participant must:

- Be an eligible member or dependent currently enrolled in a PacifiCare SignatureValue dental plan;
- Not be subject to any exclusions under the program for orthodontic coverage;
- Have a written referral to a contracted PacifiCare Dental orthodontist, submitted by the assigned dental Provider Group.

Visit our Web site at www.pacificare-dental.com

Limited or Comprehensive Treatment (Class I, II, or III)

Description	Member Pays
Startup services	\$250
24-month treatment period	
Full upper AND lower arch	\$1,895
Upper OR lower arch	\$947.50
Retention fee beyond 24-month period	
Children up to age 18	\$250
Adults age 18 and older	\$300
Final records (if required)	\$150

Questions?

Feel free to call our Member Service department. Representatives are available to assist you Monday through Friday from 7 a.m. to 6 p.m. Pacific Time at:

1-800-22-TEETH (1-800-228-3384)

About the program

Receive comprehensive orthodontic treatment at discounted rates. You make predetermined payments that apply to your specific treatment requirements. Full upper and lower orthodontic treatment for a 24-month period is covered at a payment of \$1,895. There are additional copayments for startup services, retention, and final records (see summary chart at left). A full disclosure of limitations, exclusions, and fees is available in the Orthodontic Information Sheet.

PacifiCare[®]
Dental

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