

## **Big Sky County Water & Sewer District No. 363 In House Employee Dental Insurance Policy**

Adopted by the Board on 5-26-05

### A. Statement of Purpose

This policy makes specific coverages under this in house dental self-insuring policy.

### B. Coverage

It is the policy of The district to cover the employee and their covered family members up to the coinsurance amounts for specific dental services listed below.

Calendar Year Deductible: \$0.00

#### Coinsurance Amounts:

Preventive Care:	100.00%
Basic Services:	80.00%
Major Services:	60.00%

Maximum Calendar Year Benefit Per Person: \$1,000.00

#### Preventative Care Services:

1. Routine periodic oral exams – One each six month period
2. X-Rays
3. Cleaning and flouride treatments
4. Space Maintainers
5. Sealing Teeth (Children under 18 years old)

#### Basic Services:

1. X-Rays (other intraoral/extraoral)
2. Amalgam and synthetic restoration
3. Endodontics (Root Canals)
4. Periodontics (including surgery)
5. Denture repairs, relines, adjustments
6. Repairs to Crowns and Bridges
7. Oral Surgery (includes extractions)
8. Anesthesia in connection with surgical procedures

#### Major Services:

1. Inlays, crowns and posts restoration
2. Fixed bridges, full and partial dentures

The following is a list of covered charges for Preventive, Basic and Major Services

## **PREVENTIVE DENTAL SERVICES**

### **Prophylaxis and Fluoride Treatments**

Prophylaxis limited to one treatment in any six consecutive month period. Allowance includes scaling and polishing. Topical application of fluoride is limited to insured persons under age 16 and limited to one treatment in any six consecutive month period).

**Space Maintainers** - limited to insured persons under age 16 and limited to initial appliance only. Allowance includes all adjustments in the first six months after installation.

- Fixed, unilateral, band or stainless steel crown type
- Fixed Unilateral, cast type
- Removable, bilateral type

**Fixed and Removable Appliances to Inhibit Thumb Sucking and Other Harmful Habits** - limited to insured persons under age 16 and limited to initial appliance only. Allowance includes all adjustments in the first six months after installation.

**Diagnostic Services** - Allowance includes examination and diagnosis.

#### X-rays

Full mouth series of at least 14 films, including bitewings, if needed are limited to once in any 48 consecutive month period.

Bitewing films limited to a maximum of four films in any six consecutive month period.

Panoramic film, maxilla and mandible are limited to once in any 48 consecutive month period.

#### Examinations

Periodic routine examinations are limited to one examination in any six consecutive-month period.

## **BASIC DENTAL SERVICES**

Diagnostic consultation with a dentist **other than the one providing treatment** (limited to one consultation for each dental specialty in any 12 consecutive month period).

#### Diagnostic Services

Biopsy and examination of oral tissue

Emergency palliative treatment and other non-routine unscheduled visits.

Office Visits - (other than periodic routine exams)

#### X-Rays

Other intraoral periapical or occlusal films-single films

Extraoral superior or inferior maxillary film

Restorative Services - Multiple restorations on one surface Will be considered one restoration.

Subsequent Restorative Services performed on the same tooth, same surface, will be limited to the latter procedure. Also see "Major Restorative services."

Amalgam restorations

Synthetic restorations

Silicate cement

Acrylic or plastic

Composite resin

Crowns Deciduous teeth re limited to stainless steel only

Acrylic or plastic, without metal

Stainless steel

Pins

Pin retention, exclusive of restorative material

Recommendation

Inlay or onlay

Crown

Bridge

Endodontic Services - Allowance includes X-rays and cultures, **but excludes final restoration**

Pulp capping, direct

Remineralization (Calcium Hydroxide), as a separate procedure

Vital pulpotomy

Apexification

Root canal therapy

Apicoectomy, as a separate procedure or in conjunction with other endodontic procedures

Hemisection procedures limited to molars

Periodontic Services - Allowance includes the treatment plan, local anesthetics and post-surgical care.

**Benefits** will be based on the most comprehensive procedure performed when multiple procedures are performed in the same area **during the** same surgical procedure.

Periodontal Prophylaxis, performed by a licensed Periodontist (Allowance for routine prophylaxis and Periodontal Prophylaxis **limited to** one treatment in any 6 consecutive month period)

Actisite therapy

Sub-gingival curettage, root planing and scaung, per quadrant (limited to a maximum of four quadrants in any 24 consecutive month period)

Periodontal Surgery (limited to once in any 36 month period and applied to any other periodontal surgical procedure performed in the same area) including., but not limited to:

Gingivectomy or gingivoplasty, per quadrant

Gingivectomy, per tooth (fewer than six teeth)

Pedicle or free soft tissue grafts, including donor sites

Osseous surgery, including flap entry and closure, per quadrant

Muco-gingival surgery

Guided tissue regeneration

**Oral Surgery** - Allowance includes X-rays, the treatment plan, local anesthetics and post-surgical care.

**Extractions**

- Uncomplicated extraction, one or more teeth
- Surgical removal of erupted teeth, involving tissue flap and bone removal
- Surgical removal of impacted teeth, allowance limited to molars

**Other Surgical Procedures**

- Alveolectomy, per quadrant
- Stomatoplasty with ridge extension, per arch
- Excision of pericoronal gingiva, per tooth
- Removal of palatal torus
- Removal of mandibular tori, per quadrant
- Excision of hyperplastic tissue, per arch
- Removal of cyst or tumor
- Incision and drainage of abscess
- Closure of oral fistula of maxillary sinus
- Frenectomy
- Suture of soft tissue injury

**Sialolithotomy for removal of salivary calculus**

- Closure of salivary fistula
- Dilation of salivary duct
- Sequestrectomy for osteomyelitis or bone abscess, superficial
- Maxillary sinostomy for removal of tooth fragment or foreign body

**Prosthodontic Services** - Specialized techniques and characterization are not covered. Also see "Major Prosthodontic Services."

**Denture repairs, acrylic**

- Repairing dentures, no teeth damaged
- Repairing dentures and replacing one or more broken teeth
- Replacing one or more broken teeth, no other damage

**Denture repairs, metal** - Allowance based on the extent and nature of damage and on the type of materials involved.

**Denture duplication, jump case** (limited to once per denture in any 36 consecutive-month period)

**Denture reline** (limited to once per denture in any 12 consecutive-month period)

- Office reline, cold cure
- Laboratory reline

**Denture adjustments** (limited to adjustments by a dentist other than the one providing the denture, and adjustments more than six months after initial installation)

Tissue Conditioning (limited to a maximum of two treatments per arch in any 12 consecutive-month period)

Adding teeth to partial dentures to replace extracted natural teeth

Repairs to crowns and bridges - Allowance based on the extent and nature of damage and the type of materials involved.

### **Other Services**

General anesthesia in conjunction with complex surgical procedures only

Injectable antibiotics needed solely for treatment of a dental condition

Occlusal adjustment (fin-limited to a maximum of four quadrants in any 12 consecutive-month period)

### **MAJOR DENTAL SERVICES**

Restorative Services - Cast restorations and crowns are covered only when needed because of decay or injury, and only when the tooth cannot be restored with a routine filling material. Also see "Basic"

Inlays

Onlays, in addition to inlay allowance

Crowns and Posts (Deciduous teeth limited to stainless steel only)

Acrylic with metal

Porcelain

Porcelain with metal

Ceramic

Full cast metal (other than stainless steel)

3/4 cast metal (other than stainless steel)

Cast post and core, in addition to crown (not a thimble coping), limited to endodontically treated teeth

Steel post and composite or amalgam core, in addition to crown, limited to endodontically treated teeth.

Cast dowel pin (one-piece cast with crown)

**Prosthodontic Services** - Specialized techniques and characterizations are not covered.

Fixed dentures - Each abutment and each pontic makes up a unit in a denture

Denture Pontics:

Cast metal, sanitary

Plastic or porcelain with metal

Slotted facing

Slotted pontic

Simple stress breakers, per unit

Posts and cores allowed only on endodontically-treated teeth

## **Removable Dentures**

Allowance includes all adjustments done by the dentist furnishing the denture in the *first* six months after installation –

Full dentures, upper or lower

Partial dentures - Allowance includes base, all clasps, rests and teeth

Upper, with two chrome clasps with rests, acrylic base

Upper, with chrome palatal bar and clasps, acrylic base

Lower, with two chrome clasps with rests, acrylic base

Lower, with chrome lingual bar and clasps, acrylic base

Stayplate base, upper or lower (anterior teeth only)

All of the above services are covered only when needed because of decay or injury, not for cosmetic or other reasons not related to keeping your teeth in a healthy condition.

## **ORTHODONTIC SERVICES**

Orthodontic benefits are provided only for orthodontic services given to insured dependent children who are less than 19 years of age.

**Surgery** - Surgical exposure of impacted or unerupted teeth in connection with orthodontic treatment.

**Other Services** – The district will pay for any Preventive, Basic, or Major Services furnished in connection with orthodontic treatment.