

Volusia Health Network Dental Plan  
Effective January 1, 2019



**There is no dental network - you may use any dentist\* of your choice!**

The design of this dental plan is much simpler than a traditional dental insurance plan. With this Direct Reimbursement Plan, the patient and dentist make all of the decisions on the procedures and costs.

The Dental Plan pays 100% of the first \$250 of expenses, regardless of the type of expense (preventive, basic care, major care, orthodontics, etc).

After the first \$250, the Plan will pay 50% of other covered dental expenses up to the annual limit.

Annual Limit – Single \$1,500

Annual Limit – Family \$4,200

Dependent Eligibility: Children can be covered through the end of the calendar year in which they turn 26 years of age.

**PRE-DETERMINATION OF BENEFITS**

Covered Members contemplating dental work are strongly urged to submit a copy of the Treatment Plan to the Claims Administrator. The Treatment Plan should include a list of the services and procedures to be done, the itemized charges for each service and procedure, and the estimated length of treatment.

The Treatment Plan will be reviewed and the Plan will determine the benefits available and advise the patient and/or the Dentist of the benefits available before treatment commences.

If a Treatment Plan for pre-determination of benefits is not submitted, then the Plan retains the right to pay the claim on the basis of the amount of benefits which would have been paid had a Treatment Plan been submitted for pre-determination of benefits.

*\*Dentist means any dental or medical Practitioner the Plan is required by law to recognize who is properly licensed or certified under the laws of the state where he or she practices and who provides services which are within the scope of his or her license or certificate and covered by this Plan.*

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**Orthodontic Treatment** - Total benefits for the course of treatment will be determined and disbursed as follows:

1. The initial payment will be made when the bands or active appliance is first placed;
2. Further payments will be made on a monthly basis while treatment is continued and the person remains covered by the Plan.

**DENTAL BENEFIT EXCLUSIONS**

This Plan will not pay for:

1. The replacement of a lost or stolen prosthetic device;
2. Charges that are made by someone who is not a Dentist or for treatment not performed by a Dentist. The cleaning and scaling of teeth must be performed by a licensed Dental Hygienist who works under the supervision of a licensed Dentist;
3. Extra sets of dentures or other appliances;
4. Failure to keep an appointment;
5. Completion of any forms;
6. Services for any treatment which is for cosmetic or aesthetic purposes;
7. Charges to the extent that payment under This Plan is prohibited by any law of the jurisdiction in which the Covered Member resides at the time expenses are incurred;
8. Infection control, such as gloves, masks, or any related services;
9. Drugs, home fluoride rinses, toothbrushes and other dental items;
10. Any dental services for which benefits are paid or payable under Workers' Compensation, or any occupational disease, or similar law;
11. Any dental injury sustained due to war, if declared or not;
12. Professional dental services and supplies rendered by the Employee, Employee's spouse, or the children, brother, sisters, parents, or grandparents of either the Employee or the Employee's spouse;
13. Treatment or procedures deemed experimental or investigative by a nationally recognized dental authority such as the American Dental Association. Where conflicting opinions exist, the nationally recognized agencies will take precedence