

PLAN IS ADMINISTERED BY:



9054 NORTH DEERBROOK TRAIL
MILWAUKEE, WI 53223

FOR CLAIMS, ELIGIBILITY
AND BENEFIT INQUIRIES CALL:
TOLL FREE PHONE (888) 540-9488
TOLL FREE FAX (877) 545-4549

FOR MORE INFORMATION ABOUT
LOCAL DENTAL ADVANTAGE *PLUS!*
CALL (951) 689-5031
OR VISIT WWW.RIVERSIDEDENTALGROUP.COM

We're
EVERYWHERE
You Are!
Local Dental
Advantage *Plus!*



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Local Dental Advantage

Plus!

City of Riverside



Local Dental Advantage *Plus!*
is a self-directed plan designed exclusively
for City of Riverside employees.
You and your family may choose any dental
office in the network — simply call the dental
office of your choice and make a
new patient appointment.



Principal Benefits & Covered Services

WHO IS COVERED	Primary enrollee, spouse as well as eligible dependent children to age 19 and full-time students to age 23 .
DEDUCTIBLES BENEFITS MAXIMUM PRIOR EXTRACTIONS PRE-AUTHORIZATION	No deductible applies. The maximum benefit paid per calendar year is \$2,000 per person . Prior extractions are covered. NO pre-authorization.
DIAGNOSTIC AND PREVENTIVE BENEFITS* oral examinations, cleanings, x-rays, fluoride treatment	100%
BASIC BENEFITS - oral surgery (extractions), fillings, root canals, periodontic gum treatment, tissue removal (biopsy), sealants	90% / 10%
CROWNS, JACKETS AND OTHER CAST RESTORATIONS	65% / 35%
PROSTHODONTIC BENEFITS * - bridges, partial dentures, full dentures	65% / 35% subject to a maximum allowance
COSMETICS - Whitening, bonding, bleaching and veneers	50% / 50%
ORTHODONTICS Adults and Children	STANDARD CASE \$1250 discount from UCR \$220 Lab Fees Provided by a Network Orthodontic Specialist

Non-Covered Services

Local Dental Advantage *Plus!* covers many of the most commonly needed services, although some services are not covered see Summary Plan Document. If you are unsure whether a particular procedure is covered, or how much of it is paid for by the plan, check with the plan administrators.

The following services are not covered by the program:

- ⌘ Services for injuries or conditions covered by Worker's Compensation or Employers Liability laws.
- ⌘ Cosmetic surgery or dentistry or services to correct congenital malformation.
- ⌘ Experimental procedures.
- ⌘ Therapeutic drugs, pre-medication or pain relievers.
- ⌘ Treatment related to the temporomandibular joint (TMJ) or associated muscles and nerves.
- ⌘ Hospital costs or extra charges for hospital treatment.
- ⌘ Anesthesia/intravenous sedation or the services of an anesthesiologist (except for general anesthesia for oral surgery.)
- ⌘ Extra-oral grafts implants and implant removal.
- ⌘ Treatment that rebuilds or maintains chewing surfaces that are out of alignment or occlusion.
- ⌘ Treatments that stabilize teeth, such as equilibration or periodontal splinting.

* Please refer to the Summary Plan Document (SPD) for limitations and exclusions on these benefits. Some examples of limitations on services are the number of cleanings and oral exams covered in a calendar year, time limitations on crown replacements, precious metal costs and porcelain fillings. Orthodontic preferred payment option is available. Separate Fee Schedules apply for Specialists. The above benefits apply for procedures performed by General dentists. Referral to a Local Dental Advantage *Plus!* Specialist is explained in the SPD.