YOUR PLAN PROVIDERS

Local Dental Advantage Plus!

Local Dental Advantage Plus! is a self-directed plan designed exclusively for City of Riverside employees and their families. This Dental Plan provides dental care services through a network of participating dentists and dental groups through the City of Riverside.

Riverside Dental Group

7251 Magnolia Avenue Riverside, CA 92504 (951)689-5031

Dental Associates of

3487 Central Avenue Riverside, CA 92506 (951)369-1001

Riverside Dental Group at Woodcrest

19009 Van Buren Boulevard Suite 204 Riverside, CA 92508 (951)776-9001

Dental Associates of Moreno Valley

Moreno Valley 22500 Town Circle #2074 Moreno Valley, CA 92553 (951)697-6800

Dental Associates of

1380 El Sobrante Road Corona, CA 92879 (951)273-9580

The Oasis Family Dental

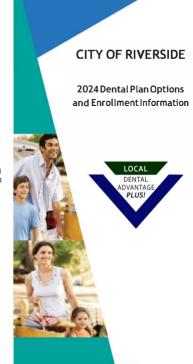
Temecula, CA 92591 (951)695-2290

www.riversidedentalgroup.com

LUCENT HEALTH

With over 40 years of serving the self-funded health plan market, Lucent Health is the nation's most cost effective healthcare risk management company. Lucent utilizes data in the most efficient and effective manner to maximize the impact of aggressive clinical, population and network risk management solutions, delivering the most affordable health plans for all employers.

P.O. Box 2318 Rancho Cordova, CA 95741-2318 (800)331-5301 www.mylucenthealth.com



LUCENT HEALTH

SCHEDULE OF BENEFITS

COVERED SERVICES

WHO IS COVERED - Primary enrollee, spouse as well as children to age 26 regardless or student or marital status

Deductible	No deductible applies
Benefit Maximum per calendar year	\$2,500 per pers
Prior Extractions	Covered
Pre-Authorization	Not required
Diagnostic and Preventive Benefits Oral examinations, cleanings, x-rays and fluoride treatment	100%

Rasic Renefits

Oral Surgery (extractions), periodontics gum treatment, tissue removal (biopsy), fillings, root canals, and sealants

Crown, Jackets, & 65%/35%

Other Cast Restorations

Prosthodontic Benefits
Bridges, partial dentures

dontic Benefits
s, partial dentures
and full dentures
and full dentures
and full dentures

90%/10%

no

Implants & Cosmetics
Whitening, bonding,
bleaching and veneers

50%/50%

Orthodontics
Adults and children
(provided by a network
orthodontic specialist)

\$1,250 discount from UCR \$220 Lab fees

SCHEDULE OF BENEFITS

NON-COVERED SERVICES

- Services for injuries or conditions covered by Worker's Compensation or Employers Liability Laws
- Cosmetic surgery or dentistry or services to malformation congenital correct
- · Experimental procedures
- Therapeutic drugs, pre-medication or pain relievers
- Treatment related to the temporomandibular ioint (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 a detailed description of all exclusions. 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 options are available. Separate fee schedules apply for specialists. The above benefits apply for procedures performed by general dentists. Referral to a Local Dental Advantage Plusl specialist is explained in the SPD.