

# County of Monterey Dental Benefits Summary

Calendar Year Max: \$2,000.00 per family member (No Waiting Periods)

Calendar Year Deductible: \$50.00 per member / \$100.00 per family

## Preventative Covered at 100%

Exams	2 per calendar year
Prophylactic cleanings	2 cleanings per calendar year
Bitewings	2 sets per calendar year
FMX or Panoramic X-Ray	1 in 36 months
Fluoride	1 per year, <i>benefit only for 18 years of age and under</i>
Sealants (On non-carious permanent molars)	1 per year, <i>benefit only for 15 years of age and under</i>
Space Maintainers for missing primary teeth	1 per year, <i>benefit only for 16 years of age and under, Please indicate the space being maintained</i>

## Basic Covered at 80%

Fillings	Composites or amalgams, posterior composites not reduced to amalgams
Oral Surgery	Includes local anesthesia (also general IV)
Periodontics	D4341 one time per quadrant every 12 months, <i>pocket markings must be sent</i>
Endodontics	Root Canals
Occlusal Guard	For Bruxism only, <i>excludes TMJ, must submit documentation and requires prior authorization</i>

## Major Covered at 50%

Crowns, Bridges Dentures Posts Build-ups In-lays and Onlays	Replacements once every 5 years, <i>prior extractions not covered</i>
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## Orthodontia \$1,500 Life Time Maximum

\$1500 Lifetime Max (Payable at 50% up to maximum allowable)	\$1,500.00 per member, <i>no deductible, no age limit, pre-determination is needed</i> <b>***Services must be started while on the plan. Services started prior to joining the plan will NOT be covered.</b>
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## Services Not Covered

- Implants
- Athletic mouth guards
- Bleaching
- Cosmetic Dentistry
- Experimental Procedures
- Fractures or Dislocation of Jaw
- Orthodontic Services not prescribed and installed by a licensed Dentist.
- Replacement of missing teeth (prior extractions)
- Alteration or extraction and replacement of sound teeth
- Services related to an occupational injury or sickness
- Services rendered in a hospital setting
- Services performed by a government agency
- Loss or theft of an appliance or prosthesis
- Temporomandibular Joint Syndrome treatment
- Any service not listed as specifically covered

Network Pricing provided by PHA  
Claims administered by BRMS 7/1/2024:

[www.brmsonline.com](http://www.brmsonline.com)

[www.myhealthbenefits.com](http://www.myhealthbenefits.com)

(844) 428-2647