

San Patricio County

Group Dental Plan

January 1, 2024

CENTIVO – THIRD PARTY ADMINISTRATORS

PROCEDURE	BENEFIT DESCRIPTION	BENEFIT
CALENDAR YEAR DEDUCTIBLE		\$50 per Individual \$150 per Family
TYPE A	PREVENTIVE/DIAGNOSTIC Prophylaxis/Perio Prophy-2/Yr, Fluoride -1/Yr-<19yrs, Oral Exams2/Yr, Bitewings- 2series/Yr, Panoramic/Complete Series-1/36mo,X-rays, Sealants <14	100% Deductible Waived
TYPE B	BASIC RESTORATIVE CARE Restorative: Amalgams, Silicate Cement, Acrylic or Composite Endodontics: including Root Canals Periodontics: Evaluation, Surgical, Scaling/Root Planing, Full Mouth Debridement Prothodontics, Removable-Adjustments, Repairs, Rebasing & Relining: including Denture Adjustments-Repair-Rebase-Reline, Oral Surgery, Extractions, Anesthesia, TMJ Trmt Emergency Palliative Treatment	80%
TYPE C	MAJOR RESTORATIVE CARE Restorative: Gold Foil/Inlay restorations, Porcelain Inlay, Crowns, Complete Dentures-Partial Dentures- Fixed Bridges-Bridge Pontics(installed over 5 yrs prior), Recement Inlays/Onlays/Crowns, Retainers	50%
MAXIMUM BENEFITS Per CALENDAR YEAR Preventative, Diagnostic, Basic, and Major (Types A, B, and C)		\$1,250

General Not Covered Items: Orthodontia, Oral Hygiene, Implants, Splinting (not all inclusive)

Claims Filing Deadline = 1 year from date of service