

CLAREMONT PLAN ORTHODONTIC BENEFITS

I. ORTHODONTIC BENEFITS

Orthodontic services are provided as part of dental benefits provided by PacificDental Benefits, subject to the following provisions:

- a) There shall be a one-time surcharge of \$1700.00 for a full-banded/2 year case, (Phase II treatment only), plus an additional charge of no more than:

\$200.00 for start-up fees

\$200.00 for one set of retainers (with retention limited to 12 consecutive months, if necessary)

Member's payment schedule as follows unless otherwise agreed upon between the member and the orthodontist:

\$500.00 at the inception of care (the placement of bands).

\$100.00 per month for 12 months.

- b) Orthodontic treatment is available for each eligible member and covered dependent.
- c) Orthodontic treatment must be provided by a member of the orthodontic panel who is providing said treatment under a contract with PacificDental Benefits.
- d) Plan benefits cover 24 months of usual and customary Phase II orthodontic treatment.

II. LOSS OF BENEFIT/RESIDUAL OBLIGATIONS

Should a member be terminated or become ineligible for benefits, the member is subject to the following provisions:

- a) Availability of the orthodontic benefits described herein will cease upon loss of members' eligibility and/or termination of the Group Subscriber Agreement for any reason. In the event benefits terminated while members and/or dependents have treatment in progress, the member may complete treatment by payment of the lesser of the following:

1) The number of months remaining in treatment times \$125 per month.

2) \$2200 less any copayments (including start-up fees) paid prior to termination of this benefit.

- b) If a termination of benefits occurs due to a termination of the Group Subscriber Agreement, the group shall reserve the right to assign members residual obligation as described in (a) above to a successor organization.
- c) If member loses eligibility for 3 or more consecutive months they will be considered no longer eligible for orthodontic benefits, and (1) above would apply.

III. ADDITIONAL CHARGES

- a) Treatment that extends beyond 24 months will be subject to an office visit charge, which will be the members responsibility.

- b) The charge for each additional month will not exceed \$125.00 per month.

IV. SERVICES NOT PROVIDED

The following are not benefits included as part of orthodontic services provided by PacificDental Benefits.

- a) Start-up including:
 - 1. Cephalometric x-rays*
 - 2. Tracings*
 - 3. Study models*
 - 4. Photos*
- b) Lost or broken appliances.
- c) Retreatment of orthodontic cases.
- d) Treatment in progress at inception of eligibility.
- e) Changes in treatment necessitated by accident of any kind.
- f) Extraction of teeth or surgical procedures performed for orthodontic purposes.
- g) Replacement (including bridgework) or restoration (including crowns) of teeth caused solely by the orthodontic treatment.

* Start-up fees subject to additional combined charge not to exceed \$200.00.

- h) Orthodontics for TMJ problems including assessment beyond that customarily provided in general practice.
- i) Cases involving:
 - 1. Surgical orthodontics.
 - 2. Myofunctional therapy.
 - 3. Cleft palate.
 - 4. Micrognathia.
 - 5. Macroglossia.
 - 6. Hormonal imbalances.
 - 7. Phase I orthodontic care.
 - 8. Orthodontic care prior to age ten.
- j) Transfer of Orthodontic provider for any reason in the middle of treatment.
- k) Any treatment rendered by any non-contracted Orthodontic provider.