

**GENESEE COUNTY/GCC
DENTAL ASSISTANCE PLAN
OUTLINE OF COVERAGE**

Class I

DIAGNOSTIC & PREVENTIVE

- Examinations (twice a year)
- Cleanings (twice a year)
- X-Rays
- Fluoride (to age 19)

Plan pays 100% UCR* to first \$40 per year, then Plan pays 50% UCR*.

Class II

BASIC/MINOR RESTORATIVE

- Fillings
- Root Canal Therapy (Endodontics)
- Extractions (Oral Surgery)
- Gum Surgery (Periodontics)
- Denture Repair
- Sealants

Covered at specified allowances, subject to annual maximum.

Class III

MAJOR RESTORATIVE

- Crowns
- Bridgework
- Dentures

Covered at specified allowances, subject to annual maximum.

NO ANNUAL DEDUCTIBLE

ANNUAL MAXIMUM BENEFIT

Class I, II, III Combined \$1,000 per covered person

* UCR is the usual, customary, and reasonable charge for the service in the area in which it was provided.

Benefits are calculated in two ways:

- Some services are paid according to specified allowance. Amounts greater than the specified allowances are not covered.
- Other services are paid on a percentage basis, but are limited to an upper limit. Amounts greater than the upper limit are not covered.
- Benefits cannot be paid in excess of the plan maximum.

Claims must be submitted within 60 days of service incurring.

You are encouraged to request a Pre-Treatment Estimate for any dental work expected to cost over \$300.00.

Dependent coverage to age 19

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