HOCKING ATHENS PERRY COMMUNITY ACTION
HEALTH CARE, PRESCRIPTION DRUG AND DENTAL PROGRAM

SUMMARY OF DENTAL BENEFITS
EFFECTIVE APRIL 1, 2016

CALENDAR YEAR DENTAL MAXIMUM BENEFIT (Per Participant)	
Maximum Benefit Preventive, Basic and Major Services combined.	$2,000

CALENDAR YEAR DENTAL DEDUCTIBLE (Per Participant)	
Individual	$50
Family	$150

DENTAL BENEFITS

Covered Dental Expenses are Usual, Customary and Reasonable Charges incurred by a Participant for the performance by a Dentist of a Dental Service listed in the Dental Services Schedule. Covered Dental Expenses will include only those expenses incurred for a Dental Service which (a) is performed by or under the direction of a Dentist; (b) is essential for the necessary care of the teeth; and (c) starts and is completed while the patient is a Participant under this Plan.

A Dental Service is deemed to start when the actual performance of the service starts except that: (a) for fixed bridgework and full or partial dentures, it starts when the first impressions are taken and/or abutment teeth are fully prepared; (b) for a crown, inlay or onlay, it starts on the first date of preparation of the tooth involved; and (c) for root canal therapy, it starts when the pulp chamber of the tooth is opened.

Preventative/Diagnostic **Type I** Includes, but is not limited to: • Oral examination (2 per calendar year) • Emergency Treatment to relieve dental pain • Routine cleaning (2 per calendar year) • X-rays, bitewing, panoramic or complete series x-ray • Topical fluoride application, up to age 14 • Sealants, up to age 16 • Space maintainer, up to age 14	100% No Deductible
Basic Restorative **Type II** Includes, but is not limited to: • Routine fillings • Simple extractions • Periodontal cleaning (2 per calendar year) • Root canal therapy • Simple denture repair • Oral surgery • Periodontal scaling and root planing	80% Subject to Deductible
Major Restorative **Type III** Includes, but is not limited to: • Dentures • Bridge work • Crowns	50% Subject to Deductible

This Summary of Benefits provides a quick reference but is not a complete description of the Plan. Please read the entire Plan carefully for a full explanation of Plan benefits, limitations and exclusions. In addition, Participating Employees and Participating Dependents may contact the Plan Administrator for additional information concerning coverage for specific benefits, tests, and procedures. There shall be no cost to the Participating Employee or Participating Dependent for requesting and being provided such information. You may contact Benefit Assistance Corporation at 1.800.982.7838 if you have questions.