

# Humboldt IPA

## Dental Plan Summary of Benefits

### Effective for Services beginning May 1, 2008

#### **\$1,500 Individual Maximum Benefit per Calendar Year**

**Annual Deductible:** \$50 per individual, \$150 per family

The Annual Deductible is the amount that a Covered Person must contribute toward payment of eligible dental expenses before the Plan begins to pay benefits. The deductible is waived on preventive services.

#### **Preventive Services:**

Benefits are paid at 100% of the billed charge without a deductible.

- Routine teeth cleaning, polishing and scaling – once per five months.
- Routine oral examinations – once per five months.
- Routine bitewing X-rays – once per five months
- Panoramic or intra-oral complete X-rays series – one set every three years.
- Topical fluoride treatment – once per five months for dependents 16 years or younger.
- Sealants – once per tooth per three years for dependents 16 years or younger.

#### **Basic Services:**

Benefits are paid at 80% of the billed charge after the deductible.

12-month waiting period applies for late enrollees who do not show proof of prior dental plan coverage.

- Fillings (amalgam and composite restorations)
- Routine (non-surgical) extractions
- Non-surgical residual root removal
- Non-cast prefabricated crowns
- Oral surgery
- Partial and denture repair and adjustments
- Periodontics (gum disease) and endodontics (root canals)
- Space maintainers and harmful habits and thumb-sucking appliances
- Emergency exam and palliative care for pain relief

#### **Major Services:**

Benefits are paid at 50% of the billed charge after the deductible.

12-month waiting period applies for late enrollees who do not show proof of prior dental plan coverage.

- Crowns
- Removable or fixed bridgework
- Partial or complete dentures and denture relines and rebases
- Inlays and onlays

#### **Plan Administrator Contact Information for Questions and Claims**

Humboldt IPA  
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