



# Partnership HealthPlan of California Dental Benefit Summary

Member Services 855-844-0626

Email [memberservices@skygenusa.com](mailto:memberservices@skygenusa.com)

Members can access their ID Card and plan information at [www.directdentalplans.com](http://www.directdentalplans.com) by clicking Login > Members

Dental Benefit	
Plan Year	January 1– December 31
Annual Deductible <i>(waived for preventive &amp; diagnostic)</i>	\$50 per person/\$150 per family
Annual Benefit Maximum	\$3,000 per person

Covered Services	In-Network	Out-of-Network
<b>Preventive &amp; Diagnostic Services</b> Two (2) Exams, Two (2) Bitewing X-rays, and three (3) Cleanings allowed every 12 months, Full Mouth X-rays allowed every 36 months, Two (2) Topical Fluoride Applications every Plan Year to age 16, Space Maintainers for dependents to age 12.	<b>100%</b> <i>Deductible waived</i>	<b>100%</b> <i>Deductible waived</i>
<b>Basic Restorative Services</b> Basic Fillings, Periodontal Procedures, Root Canal Treatment, Sealants up to age 16 once per permanent molar every 36 months, Re-cementing of bridges, crowns and inlays, General Anesthesia and Oral Surgery, Emergency Palliative Treatment, Repair of crowns, bridges and removable dentures.	<b>90%</b>	<b>80%</b>
<b>Major Restorative Services</b> Crowns, Inlays, Bridges, Post and Cores, Prosthodontics, Implant Services, Partial and Full Dentures.	<b>60%</b>	<b>50%</b>
<b>Orthodontic Services</b> Lifetime maximum of \$1500 per person for all participants including benefits paid by prior Partnership HealthPlan of California dental plans.	<b>50%</b>	<b>50%</b>

Dental Coverage Restrictions & Exclusions
<ul style="list-style-type: none"> <li>▪ Cosmetic services as defined by IRS regulations.</li> <li>▪ Crowns/Jackets/Inlays/Onlays/Cast Restorations/Partial and Full Dentures/Implants that are replaced in less than 5 years from placement.</li> <li>▪ Occlusal Repositioning Devices, Night guards and athletic mouth pieces.</li> <li>▪ Initial replacement of teeth that were extracted prior to eligibility for any Partnership HealthPlan of California dental plan.</li> </ul>

Dental Health Alliance (DHA) PPO Network
While you may see any provider, this plan has access to the <b>Dental Health Alliance (DHA) PPO Network</b> . When you visit a DHA in-network provider, fees may be up to 30% less than an out-of-network provider. Visit <a href="http://www.directdentalplans.com">www.directdentalplans.com</a> to find a DHA network dentist near you. Out of Network Benefits are paid according to the 90% Usual, Customary and Reasonable Fees for the treating dental office zip code.

Information for Providers – Contact Us to Verify Patient Eligibility			
Provider Services	(855) 866-2615 <a href="mailto:SDCproviderservices@skygenusa.com">SDCproviderservices@skygenusa.com</a>	Payer ID	SDCOM <i>(Emdeon &amp; DentalXChange)</i>
Claim Mailing Address	Direct Dental Claims P.O. Box 497 Milwaukee, WI 53201	Claim Email	<a href="mailto:helpdesk@directdentalplans.com">helpdesk@directdentalplans.com</a>
Submit claims online at <a href="http://www.directdentalplans.com">www.directdentalplans.com</a> by clicking on Login > Providers			

*The services, exclusions and limitations listed above do not constitute a contract and are a summary only. Your complete benefit description can be found in the Summary Plan Description (SPD).*