



# 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	\$3,500 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 per calendar year, 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>

Cypress and DenteMax Plus PPO Networks
While you may see any provider, this plan has access to the Cypress Exclusive Network (CEN), and DenteMax Plus PPO (which includes nationwide, DHA and Careington Network providers) (CEN not available in all areas). When you visit an in-network provider, fees may be up to 35% less than an out-of-network provider. Visit <a href="http://www.directdentalplans.com">www.directdentalplans.com</a> to find an in-network dentist near you. Out of Network payments are based upon the 90% Usual, Customary and Reasonable Fee for the dental office rendering care.

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).***