

How do I Enroll?

1. Please complete a *Member Enrollment* application. Instructions are provided on the back of the application.
2. Be sure to select a dental office from the list we have provided. Write the number of the provider facility, dentist name, and city that you have selected on your *Member Enrollment* application. Also circle that office on the list and keep it to remind yourself which office you selected.
3. Under the Plan Selection section of the *Member Enrollment* application mark the box labeled - PacifiCare SignatureValue.
4. If you do not want dental coverage because you are currently covered under someone else's dental plan, please complete the *Refusal of Employee and/or Dependent Coverage* form instead.
5. Return the completed *Member Enrollment* application or *Refusal of Employee and/or Dependent Coverage* form to your benefits administrator. Keep this brochure for reference until you receive your PacifiCare Dental ID card, *Evidence of Coverage and Disclosure Form*, and *Principal Benefits and Coverages* policy booklets.

If you need to visit your dentist before you receive your ID card and booklets, call the phone number given for the dental office you circled. Tell them you have just enrolled in PacifiCare Dental, and that your eligibility can be confirmed by calling **Pacificare Dental's Eligibility Line at 1-800-622-0161**.

Many benefit copayments, as well as major exclusions and limitations, are listed in this brochure. However, more detailed information is given in your *Evidence of Coverage and Disclosure Form* booklet, which you will receive in a few weeks. You should refer to this brochure only until your *Evidence of Coverage and Disclosure Form* booklet and *Principal Benefits and Coverages* policy booklets arrive.

If, upon your effective date, you are under treatment for an acute dental condition through a non-contracted dental provider, PacifiCare Dental will honor your claims, subject to the limitations and exclusions of your plan. Please contact Member Services for directions on continuing your care.

If you have any questions concerning your benefits, please call **PacifiCare Dental's Member Service Department at 1-800-22-TEETH (1-800-228-3384)**.

Your Whole Family is Eligible.

California residents and their eligible dependents are qualified for plan benefits. Eligible dependents include your spouse and unmarried dependent children up to age 19. (Age limitations may vary. Consult your benefits administrator for specific age requirements.)

For full-time students ages 19 through 24, verification must be provided by the school attended by the 20th of the month preceding coverage. A full-time student is defined as taking at least 12 semester units.

All copayments listed in the *Summary of Benefits* are paid by the member directly to their assigned dental office.

PacifiCare
*SignatureOptions*SM
A choice of providers and price



INGLEWOOD UNIFIED SCHOOL DISTRICT

Summary of Benefits & Copayments (HMO)
Dental 120 - Inglewood

PacifiCare[®]
Dental

Post Office Box 25187
Santa Ana, California 92799
800-228-3384
www.pacificare-dental.com

Underwritten by PacifiCare Life and Health Insurance Company, Inc.
Copyright © PacifiCare Dental

PDV-603-46725
PDVCA21V1200003
07/03

A Summary of Benefits and Copayments

PREVENTIVE SERVICES

Preventive Services	Member Pays
— Office visit	No Charge
00210 X-rays, full mouth	No Charge
00220 X-rays, single film	No Charge
00230 X-rays, each additional film	No Charge
01110/01120 Teeth cleaning - adult or child	No Charge
01201 Topical fluoride (including cleaning) - child	No Charge
01351 Sealant - per tooth (under age 18)	No Charge
00470 Diagnostic casts (non-orthodontic)	No Charge
09110 Emergency treatment (palliative)	No Charge
09440 Office visit (after hours)	No Charge

ROUTINE SERVICES

Restorative Dentistry

— Amalgam restorations (cavities involving primary and permanent teeth)	
02110 One tooth surface - primary	No Charge
02140 One tooth surface - permanent	No Charge
02120 Two tooth surfaces - primary	No Charge
02150 Two tooth surfaces - permanent	No Charge
02130 Three tooth surfaces - primary	No Charge
02160 Three tooth surfaces - permanent	No Charge
02951 Pin retention, in addition to final restoration - per tooth	No Charge
02940 Sedative filling	No Charge

Oral Surgery

— Extractions	
07110 Single tooth - uncomplicated (non-orthodontic)	No Charge
07120 Each additional tooth - same visit	No Charge
07220 Removal of impacted tooth - soft tissue	No Charge
07230 Removal of impacted tooth - partially bony	No Charge
07240 Removal of impacted tooth - completely bony	No Charge
07210 Surgical removal of an erupted tooth	No Charge
07285 Biopsy of oral tissue (hard)	No Charge
07286 Biopsy of oral tissue (soft)	No Charge
07310 Alveoloplasty, in conjunction with extractions - per quadrant	No Charge
07320 Alveoloplasty, not in conjunction with extractions - per quadrant	No Charge
09220 General anesthesia - first 30 minutes	\$125.00
09221 General anesthesia - each additional 15 minutes	\$60.00
09240 Intravenous sedation	\$140.00

Endodontics

03110 Pulp capping (direct)	No Charge
03120 Pulp capping (indirect)	No Charge
03220 Therapeutic pulpotomy	No Charge
— Root canals (per tooth)	
03310 Anterior (excluding final restoration)	No Charge
03320 Bicuspid (excluding final restoration)	No Charge
03330 Molar (excluding final restoration)	No Charge

ROUTINE SERVICES (CONT'D)

Periodontics	Member Pays
04220 Gingival curettage, root planing - per quadrant	No Charge
04210 Gingivectomy - per quadrant	No Charge
04250 Mucogingival surgery - per quadrant	No Charge
04211 Gingivectomy - per tooth	No Charge
04910 Perio recall including prophylaxis	No Charge
09952 Occlusion adjustment (complete)	No Charge

MAJOR SERVICES

Crowns

02930 Stainless steel crown - primary tooth	No Charge
02932 Resin crown (not for molars)	No Charge
02791 Full metal crown	No Charge
02810 3/4 metal crown*	No Charge
02740 Porcelain crown (not for molars)	No Charge
02751 Porcelain with metal crown (not for molars) *	No Charge
02751 Porcelain with metal crown (for molars) *	Not Covered
02952 Cast post & core, in addition to crown*	No Charge
02954 Prefabricated post & core, in addition to crown	No Charge

Pontics

06211 Pontic, cast metal (base)	No Charge
06242 Pontic, porcelain with metal*	No Charge
02910 Inlay recementation	No Charge
02920 Crown recementation	No Charge
06930 Bridge recementation	No Charge

Prosthetics

— Dentures and partials	
05110 - 05120 Complete denture, upper or lower	No Charge
05211 - 05212 Partial denture, upper or lower with resin base	No Charge
05410 - 05422 Adjustment	No Charge
05510 - 05640 Repair	No Charge
05650 - 05660 Add tooth or clasp	No Charge
05730 - 05741 Reline (chairside)	No Charge
05750 - 05761 Reline (lab processed)	No Charge
01510 - 01515 Fixed space maintainer (band type)	No Charge
01520 - 01525 Removable acrylic space maintainer	No Charge

Dentist may charge \$20.00 for broken appointments if not notified at least 24 hours in advance.

** Plus actual lab cost of precious metal.*

ORTHODONTICS

The orthodontic benefit covers: consultation, all necessary appliances, banding, and monthly office visits for 24 months.

Fully-banded case	\$500.00
Partially-banded case	\$250.00

Specific copayment levels have also been set for start-up and retention services.

Orthodontic treatment must be provided by a PacifiCare Dental Panel Orthodontist. A referral must be submitted by your assigned dental provider to PacifiCare Dental.