

MASTER PLAN DOCUMENT AMENDMENT #1  
(Dental Plan)

Effective July 1, 2019, the Master Plan Document and Summary Plan Description for City of San Luis – Dental Plan is hereby amended as follows:

**SCHEDULE OF COVERAGE**, is hereby deleted and replaced with Attachment A

**DEFINITIONS OF GENERAL TERMS, EMPLOYEE**, is hereby deleted replaced with the following:

**EMPLOYEE** means an Employee of the Employer who is regularly scheduled to actively perform the principle duties of his/her occupation a minimum of 30 hours per week, and who is enrolled and eligible for coverage under the Plan. Employee also included Council Members who are working a minimum of 20 hours per month.

Part-time, seasonal, temporary and retired employees are not eligible for coverage under the Plan. Employee does not include the following:

1. a self-employed individual as described in Section 401 (c) of the Code, including, but not limited to, a sole proprietor if the Employer is a sole proprietorship, a person owning more than 2% of the Employer if it is a Subchapter S corporation, a partner of the Employer if it is a partnership, and a member of the Employer if it is a limited liability company and the members are treated as partners for income tax purposes;
2. an employee who is a spouse, child, grandchild, or parent of a person owning more than 2% of the Employer if it is a Subchapter S corporation;
3. any individual included within a unit of employees covered by a collective bargaining unit unless such agreement expressly provides for coverage of the Employee under the Plan;
4. any individual who is a nonresident alien and receives no earned income from the Employer from sources within the United States;
5. any individual who is a leased employee as defined in Section 414(n)(2) of the Code;
6. any individual who performs services for the Employer through, and is paid by, a third-party (including but not limited to an employee leasing or staffing agency) even if such individual is subsequently determined to be a common law employee of the Employer; or
7. any individual who performs services for the Employer pursuant to a contract or agreement (whether verbal or written) which provides that such individual is an independent contractor or consultant, even if such individual is subsequently determined to be a common law employee of the Employer.

**DENTAL BENEFITS**, is hereby deleted and replaced with the following:

## DENTAL BENEFITS

### Covered Dental Expenses

The Plan will pay benefits for Covered Expenses Incurred by a Plan Member for the following dental services, only when performed by a Dentist or a Dental Hygienist, or other dental provider working under the direction and supervision of the Dentist. The payment is subject to the General Limitations and Exclusions and all other provisions of the Plan.

### Class I Services –Preventive and Diagnostic Services

- D0120 Follow up exam every 6 months
- D0140 Emergency exam
- D0145 Oral evaluation for a patient under age 3/counseling with primary caregiver
- D0150 Initial oral exam
- D0160 Detailed and extensive oral evaluation-problem focused, by report
- D0170 Re-evaluation limited problem focused (establish patient)
- D0210 Intraoral complete series (including Bitewings)
- D0220 Intraoral single/firts film 1
- D0230 Intraoral periapical each film
- D0240 Intraoral occlusal film each
- D0270 Bitewing single film
- D0272 Bitewings - two films
- D0273 Bitewings - three films
- D0274 Bitewings - four films
- D0277 Vertical bitewings
- D0330 Panoramic radiographic image
- D0431 Adjunctive pre-diagnostic test (mucosal lesions)
- D1351 Appl sealant per tooth
- D1110 Adult prophylaxis
- D1120 Child prophylaxis
- D1208 Topical application of fluoride
- D2910 Re-cement inlay
- D2920 Re-cement crown
- D2940 Sedative filling
- D2950 Core buildup, including any pins
- D9223 Deep sedation/general anesthesia-each additional 15 minutes
- D9230 Analgesia, anxiolysis, inhalation of nitrous oxide
- D9910 Application of desensitizing medicament

### Class I Services –Limitations

- Teeth cleaning – limited to 2 times per Calendar Year
- Exams – limited to 2 times per Calendar Year
- Dental x-rays
  - Full or Panoramic – limited to once in any 36 consecutive month period
  - Bitewings films, maximum of 4 films per visit – limited to 2 sets of x-rays per Calendar Year
  - Vertical bitewing x-rays – limited to 1 set every 3 years

- Fluoride treatments – limited to children under age 16 and to 1 treatment per Calendar Year
- Sealants – limited to unrestored permanent molars of Plan Members under 16 years of age and to one treatment per tooth in any 36 consecutive months
- Office visits, during regular hours – problem focus exams – limited to 2 visits per Calendar year

### **Class II Services – Basic Services**

- D0322 Tomographic survey
- D0480 Accession of exfoliative cytologic smears (written report)
- D1510 Space maintainer - fixed bilateral
- D1515 Space maintainer - fixed unilateral
- D2140 Amalgam one surf/permanent or primary
- D2150 Amalgam two surf/permanent or primary
- D2160 Amalgam three surf/permanent or primary
- D2161 Amalgam four surf/permanent or primary
- D2330 Composite resin one surface anterior
- D2331 Composite resin two surface anterior
- D2332 Composite resin three surface anterior
- D2335 Composite resin four or more surfaces
- D2390 Resin based composite crown, anterior
- D2391 1 surface resin based composite
- D2392 2 surface resin based composite
- D2393 3 surface resin based composite
- D2394 4 or more surface resin based composite
- D2954 Post & core
- D2957 Each additional prefabricated post- same tooth
- D2960 Labial veneer (resin laminate)- chairside
- D2961 Labial veneer (resin laminate)- laboratory
- D2962 Labial veneer (porcelain laminate)- laboratory
- D3110 Pulp cap - direct (excluding final restoration)
- D3120 Pulp cap - indirect (excluding final restoration)
- D3220 Therapeutic pupotom (excluding final restoration)
- D3221 Pulpal debridement primary and permanent
- D3230 Pulpal therapy - anterior, primary tooth
- D3240 Pulpal therapy - posterior, primary tooth
- D3310 Anterior root canal
- D4211 Gingivectomy/plasty - one to three contiguous teeth, per quad
- D4240 Gingival flap procedure - four or more contiguous teeth or tooth per quad
- D4341 Periodontal scaling & root planning per quadrant
- D4342 Periodontal scaling and root planing - one to three teeth per quad.
- D4355 Full mouth debridement
- D4910 Periodontal maintenance, following active therapy
- D5650 Add tooth to existing partial denture
- D5660 Add clasp to existing partial denture
- D5710 Rebase complete lower denture

- D5711 Rebase complete upper denture
- D5720 Rebase upper partial denture
- D5721 Rebase lower partial denture
- D5730 Reline complete upper denture (chairside)
- D5731 Reline complete lower denture (chairside)
- D5740 Reline upper partial denture (chairside)
- D5741 Reline lower partial denture (chairside)
- D6930 Recement fixed partial bridge
- D7111 Extraction baby tooth
- D7140 Extraction erupted tooth (adult)
- D7210 Surgical removal erupted tooth
- D7220 Soft tissue impaction
- D7230 Partially bony impaction
- D7250 Surgical removal of residual tooth roots (cutting proc.)
- D7910 Suture recent small wound (5cm)
- D7950 Osseous, osteo perio graft
- D7960 Frenulectomy

### **Class III Services – Major Dental Repair Services**

- D2642 Onlay - porcelain/ceramic - 2 surface
- D2643 Onlay - porcelain/ceramic - 3 surface
- D2644 Onlay - porcelain/ceramic - 4 surface
- D2722 Crown - resin with noble metal
- D2740 Crown - porcelain/ceramic
- D2750 Crown - porcelain w/gold
- D2751 Crown - porcelain fused to predominantly base metal
- D2752 Crown - porcelain fused to noble metal
- D2790 Gold (full cast) crowns
- D2799 Provisional crown-temporary restoration of least six months
- D2930 Stainless crown (primary)
- D2931 Stainless steel crown-per tooth
- D2932 Prefabricated resin crown
- D3320 Bicuspid root canal
- D3330 Root canal therapy - molar
- D3346 Retreatment root canal anterior (one root)
- D3347 Retreatment root canal bicuspid (two roots)
- D3348 Retreatment root canal molar (three roots)
- D3410 Apicoectomy (per tooth) anterior
- D3421 Apicoectomy/periradicular surgery - bicuspid
- D3425 Apicoectomy/periradicular surgery - molars
- D3426 Apicoectomy/periradicular surgery - (each additional root)
- D4210 Gingivectomy/plasty - four or more contiguous teeth, per quad
- D4241 Gingival flap procedure -one to three contiguous teeth or tooth per quad
- D4249 Clinical crown lengthening - hard tissue
- D4260 Osseous surgery- four or more contiguous teeth or tooth
- D4261 Osseous surgery- one to three contiguous teeth or tooth
- D4263 Bone replacement graft–retained natural tooth-first site in quad.

- D4264 Bone replacement graft - multisite
- D4273 Subepithelial tissue graft procedure subepithelial
- D4321 Provisional splinting-extra coronal
- D5110 Complete denture, upper - once every 5 years
- D5120 Complete denture, lower - once every 5 years
- D5130 Immediate upper dentures - lifetime benefit
- D5140 Immediate lower dentures - lifetime benefit
- D5211 Maxillary partial denture/resin base
- D5212 Mandibular partial denture/resin base
- D5213 Upper partial denture/metal frame work w/resin
- D5214 Lower partial denture/metal frame work w/resin
- D5281 Remove unilat part/one piece cast metal
- D5820 Interim partial denture (upper)
- D5821 Interim partial denture (lower)
- D6242 Pontic - porcelain fused to noble metal
- D6740 Crown - porcelain
- D6750 Crown - porcelain fused to high noble metal
- D6751 Crown - porcelain fused to predominantly base metal
- D6752 Crown - porcelain fused to noble metal
- D7240 Completely bony impaction
- D7241 Removal of impacted tooth - completely bony
- D7272 Surgical tooth transplantation
- D7286 Biopsy of oral tissue - soft
- D7472 Removal of torus palatinus
- D7473 Removal of torus mandibular
- D7485 Surgical reduction of osseous tuberosity

### **Class III Services –Limitations**

- Denture repairs, adjustments, relines or rebase – limited to adjustments made more than 6 months after the initial installation. Rebase is limited to once per 36 consecutive month period. Reline is limited to once per 12 consecutive month period.
- Complete and partial dentures. Immediate dentures are limited to one set per Lifetime.

**NOTE:** The Plan covers the replacement of an existing denture or bridge only if the existing denture or bridge is unserviceable and cannot be made serviceable. The Plan pays the benefit level that applies to the cost of services necessary to make the appliances serviceable. The plan will cover replacement of prosthodontic appliances only if at least 5 years have elapsed since the date of the initial insertion of that appliance.

### **Class IV Services – Orthodontic Services.**

**NOTE:** Dependent children must be covered under the Dental Plan for twelve (12) consecutive months before orthodontia benefits are available.

- D0340 cephalometric film
- D0350 panoramic film
- D0470 diagnostic cast
- D8030 limited orthodontic treatment of the adolescent dentition
- D8670 periodic orthodontic treatment visit cast part of contract

Any other Class I, II or III services that are performed in connection with orthodontic treatment shall be payable under their appropriate payment percentage and not included under the orthodontic limitations and/or payment percentages.

Accepted By:

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Name:	Title	Date
For: City of San Luis		

## SCHEDULE OF COVERAGE

**NOTE: THIS IS ONLY A SUMMARY, SPECIFIC SERVICES AND SUPPLIES MAY BE SUBJECT TO OTHER DEDUCTIBLES, COPAYS, PAYMENT PERCENTAGES, MAXIMUM BENEFIT PAYMENTS, USUAL, CUSTOMARY AND REASONABLE FEES AND/OR EXCLUSIONS AND LIMITATIONS.**

**NOTE:** Benefits under this Plan will be paid only if the Plan Administrator decides in his/her discretion that the individual is entitled to them.

### DENTAL BENEFITS

Calendar Year Deductible	
Class I Services	NONE
Class II, III and IV Services	
Individual	\$25
Family	\$50
Payment Percentages after Deductible is met	
Class I Services – Diagnostic and Preventive Care	100%
Class II Services - Basic Services	80%
Class III Services - Major Services	50%
Class IV Services – Orthodontics	50%
Maximum Benefits	
Per Calendar Year for Class I, II & III Services, combined	\$2,000
Per Lifetime for Class IV Services	\$2,000

If Covered Services are rendered in Mexico and in the United States in one Calendar Year, the Maximum Calendar Year benefit paid by the Dental Plan is \$2,000. Only \$1,000 of the Covered Services can be rendered in Mexico in the Calendar Year, and a Preferred Network Provider must be utilized for those Covered Services provided in Mexico.

If Orthodontia treatments that are Covered Services have started in Mexico, the treatment must be completed in Mexico. Orthodontia treatment completed in the United States will not be a Covered Service if the treatment started in Mexico.

**NOTE:** Orthodontic Services are **LIMITED** to Dependent children less than 19 years of age. Dependent children must be covered under the Plan for 12 consecutive months before orthodontic services are available.