

ORTHODONTIC PLAN 4 COPAYMENT SCHEDULE

Treatment must be provided by a current member of the Golden West Orthodontic Panel.

ADA CODE	PROCEDURE	MEMBER PAYS
D8660	Initial Examination	No Charge
D8660	Diagnostic Work-Up Includes consultation, study models and diagnosis on cases where treatment is prescribed. Payable only if patient does not proceed with treatment.	\$ 100.00
D8070/8080	Full Upper and Lower Banded Case - Children to age 19	1,795.00
D8090	Full Upper and Lower Banded Case - Adult*	1,795.00
D8030/8040	Limited Upper or Lower Banded Case (Single Arch)	1,025.00
D8030/8040	Minor Tooth Movement	590.00
D8680	Retainer Visits and Care for 6 Months Following Completion of 24-Month Treatment Period. (Includes cost of retainer appliances)	
	Full Banded Case	200.00
	Limited Banded Case (Single Arch)	100.00
	Minor Tooth Movement	100.00
	Retainer Visits after Initial 6-Month Period (per visit)	15.00
	Broken Appointments (without 24-hour notice)	10.00

*Some Golden West orthodontic offices limit their practice to children. Please refer to your Golden West Network Directory for information on which offices accept adult cases.

Any Procedure Not Listed is Available on a Fee for Service Basis.

LIMITATIONS AND EXCLUSIONS

1. Treatment must be provided by a current member of the Golden West Orthodontic Panel.
2. Plan benefits include 24 months of standard orthodontic treatment and an additional 6 months of retention. Treatment extending beyond these time periods will be subject to additional charges
3. Treatment in progress at inception of eligibility is not covered.
4. Once an orthodontic treatment plan has begun, you may not change orthodontic providers.
5. Subscriber and his/her eligible dependent must remain on the plan during the period of time subscriber or dependent is undergoing orthodontic treatment. Termination will result in usual and customary charges for completion of treatment.
6. The following are not considered covered charges under this orthodontic plan:
 - Repair or replacement of lost or broken appliances.
 - Retreatment of orthodontic cases.
 - Changes in treatment necessitated by an accident.
 - Additional charges incurred due to patient neglect or non-compliance with prescribed course of treatment.
 - Maxillofacial surgery, orthognathic surgery, oral surgery for orthodontic purposes (including extractions), micrognathia, macroglossia, cleft palate, myofunctional therapy, speech therapy, treatment of TMJ.
 - X-rays and photographs required for the diagnostic workup.
 - Phase I orthodontic treatment (prior to full mouth banding).

This disclosure form is only a summary of the dental plan. The dental plan contract and evidence of coverage must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract and evidence of coverage is available on request for examination at the administrative office of Golden West Dental & Vision.

Golden West Dental & Vision Uniform Matrix Orthodontic Plan 4

This benefit summary is intended to help you compare coverage, benefits, and limitations and is a summary only. For a more detailed description of coverage, benefits, and limitations, please contact Golden West. This comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefit summary is available at www.goldenwestdental.com. The Evidence of Coverage (EOC) should be consulted for a detailed description of benefits, limitations, exclusions, and the exact terms and conditions of your coverage. Please refer to the back of your ID card and call the number to request a copy of the EOC. If you need further assistance, please contact the Department of Managed Health Care at (888) HMO-2219.

BENEFIT DESCRIPTION	COPAYMENTS	LIMITATIONS/EXCLUSIONS
Annual Deductibles	There is no annual deductible.	
Calendar Year Maximums	There are no calendar year maximums on treatment provided by a network orthodontist.	
Lifetime Maximums	There are no lifetime maximums on treatment provided by a network orthodontist.	
Professional Services:		
Diagnostic	\$0 - \$100	Payable only if patient does not proceed with treatment.
Treatment	\$1025- \$1795	Orthodontic care in excess of 24 months is member's responsibility.
Retainer Visits	\$100-\$200	Retainer visits and care for 6 months following completion of treatment period including cost of retainer visits.
Minor Tooth Movement	\$590	Orthodontic care in excess of 24 months is member's responsibility.
Emergency Services*		
		Not a covered benefit of this plan.
Outpatient Services*		
		Not a covered benefit of this plan.
Hospitalization Services*		
		Not a covered benefit of this plan.
Emergency Health Coverage*		
		Not a covered benefit of this plan.
Ambulance Services*		
		Not a covered benefit of this plan.
Prescription Drug Coverage*		
		Not a covered benefit of this plan.
Durable Medical Equipment*		
		Not a covered benefit of this plan.
Mental Health Services*		
		Not a covered benefit of this plan.
Residential Treatment*		
		Not a covered benefit of this plan.
Chemical Dependency Services*		
		Not a covered benefit of this plan.
Home Health Services*		
		Not a covered benefit of this plan.
Custodial Care and Skilled Nursing Facilities*		
		Not a covered benefit of this plan.

*Golden West is required by regulation to provide this information. Golden West provides Dental, Orthodontic, and Vision benefits only.