



PREMIER  
ACCESS  
Dental and Vision

# PREMIER ADVANTAGE

FLEXIBLE DENTAL PLANS TO  
MEET YOUR CHANGING NEEDS

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EMPLOYEE PLAN INFORMATION



# AN OPTION THAT ALLOWS YOU TO MOVE BETWEEN THE DENTAL HMO AND PPO PLANS AS YOUR NEEDS CHANGE.

## Choice in Plan Type:

The Premier Advantage plan allows you to select either a Dental Health Maintenance Organization (DHMO) managed care plan or a Dental Preferred Provider Organization (PPO) plan.

## Flexibility to Change Plans:

With the Premier Advantage plan, you may switch from the DHMO to the PPO plan or vice versa throughout the year. You and your dependents must be enrolled in the same plan type, either DHMO or PPO. However, within each plan, each covered dependent may have a different primary care dentist. If you decide to switch between plans, simply send a secure email to [customerservice@premierlife.com](mailto:customerservice@premierlife.com) or contact our Customer Service Department at 888-715-0760. If the change request is made by the 25th of any month, the change will become effective the first of the following month. *Note: Plan changes may only be requested by the employee or the employer on behalf of the employee.*

## Benefits:

- Choose the DHMO plan and you will generally have less of an out-of-pocket expense and get the greatest level of coverage.
- Choose the PPO plan and enjoy the freedom to choose any dentist. Get the greatest level of PPO coverage by choosing one of our quality Premier Choice Network (PCN) or Preferred Provider Network dentists.
- Switch between plans every month or stay in the plan you initially selected. The choice is yours.

## How the Program works:

First, you choose which plan you want to enroll in: DHMO or PPO. See our online directory at [www.premierlife.com](http://www.premierlife.com) for participating providers in our DHMO Network, Premier Choice Network (PCN), or our Preferred Provider Network.

Once enrolled, follow the rules of your plan (DHMO or PPO). During the year, you are free to switch between the two plans. To request a plan change simply send a secure email to [customerservice@premierlife.com](mailto:customerservice@premierlife.com) or contact our Customer Service Department at 888-715-0760 by the 25th of the month to make your change effective the first of the following month. Remember, you and your dependents must be enrolled in the same plan.

## Your Covered Dental Services

Your Premier Advantage plan design offers you coverage for a broad range of dental services in both the DHMO and PPO plan options, including:

- Preventive Services (exams, cleanings and x-rays). The DHMO plan includes additional cleanings and adult fluoride.
- Basic Services (fillings, stainless steel crowns and extractions). The DHMO plan includes coverage for posterior composites (white fillings on back teeth).
- Major Services (crowns, bridges and dentures). The DHMO plan includes coverage for specific cosmetic procedures, nitrous oxide, certain mouth guards, and more.

Specific Covered Services and Supplies may fall under a different category than what is stated above. Age and frequency limits may apply to some services. Refer to your Schedule of Benefits for details on benefit levels and covered services.

## What is not Covered?

Below is a partial list of the charges and services the Premier Advantage plan does not cover. For a complete list of exclusions and limitations, see your plan documents.

- Dental services that are primarily cosmetic in nature (except as specified in the DHMO plan).
- Experimental services, supplies or procedures.
- Treatment of any jaw joint disorder, such as temporomandibular joint dysfunction (TMJ) (except as specified in the DHMO plan or if your plan sponsor has included additional coverage).
- Replacement of lost, missing or stolen appliances and damaged appliances.
- Services that are not dentally necessary for diagnosis, care or treatment.
- All other limitations and exclusions included in your plan documents.

## DHMO PLAN OVERVIEW

The DHMO out-of-pocket expenses are generally lower than the Dental PPO plan.

### How the plan works:

- Copayments (a dollar amount) apply to certain treatments.
- There are no calendar year maximums, no deductibles and no claims forms.
- Routine dental care is provided by a Primary Care Dentist (PCD) who participates in the Premier Access DHMO plan.
- You must have a PCD assigned to you in order to be covered for routine dental care. Each member of your family may choose a different PCD.
- You will receive an ID card.
- Your PCD will submit a referral request to Premier Access when specialty services are necessary.
- Your plan includes orthodontic benefits for adults and children. Refer to the Schedule of Benefits for covered services and copayments.
- Emergency Care
  - ❖ Call your PCD if you require emergency care.
  - ❖ If you are outside of your service area, call Premier Access' Customer Service Department at the toll-free number on your ID card.



## PPO PLAN OVERVIEW

The Dental PPO plan provides more flexibility in choosing a dentist.

### How the plan works:

- Pay coinsurance (a percentage of the covered charge) and deductibles to your dentist for covered charges. Your coinsurance will generally be lower if you visit a participating provider.
- Annual maximums will apply.
- Choose any licensed dentist.
- If your dentist participates in the Premier Choice Network (PCN) or the Preferred Provider Network, your payment will be based on negotiated fees and out-of-pocket costs will generally be lower than a non-participating provider. If your dentist is a PCN provider, your plan provides a higher level of coverage.
- You will receive an ID card.
- When you visit a participating dentist, your dentist submits the claim for you. If you visit a non-participating dentist, either you or your dentist submits the claim forms.
- Participating dentists are not permitted to charge you more than their contracted fee for covered services.
- No referrals are needed for specialty care. You are free to choose any specialist for a covered expense. See your Schedule of Benefits for details on benefits and limitations.
- Your plan may or may not include orthodontic benefits. If included, a lifetime maximum will apply.
- Emergency Care
  - ❖ See any licensed dentist if you require emergency care.
  - ❖ You may be required to submit claim forms.

**LIFE DOESN'T STAND STILL...  
PREMIER ADVANTAGE  
LETS YOU TAKE CONTROL.**

**IF YOU WOULD LIKE TO CHANGE YOUR BENEFIT PLAN,  
PLEASE CALL CUSTOMER SERVICE AT: 888.715.0760**

*Premier Advantage gives you the freedom to switch back and forth between each plan.*



## **DHMO**

*No Calendar Year Maximum*

*No Waiting Periods*

*Little or No Copayment*

*Panel of Dentists*

*Orthodontia Coverage for  
Adults & Children*

## **PPO**

*Choice of any Licensed Dentist,  
Including Specialists*

*Maximize Your Benefits  
With a PCN Provider*

*No Referral Required for  
Specialty Services*

*If you are in the middle of treatment, you are required to complete treatment in progress prior to electing to switch to a new plan.*

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*If you would like to change your benefit plan, please contact Customer Service at:*

**TEL** 888.715.0760 (toll free)

**EMAIL** CUSTOMERSERVICE@PREMIERLIFE.COM

**WEB** WWW.PREMIERLIFE.COM

Note: The information provided here is intended only to show the highlights of the dental plan and is not a complete description of the plan. The plan is governed by the official plan document and/or insurance contract where applicable. If there is a discrepancy between the information provided here and the plan document and/or insurance contract, the plan document and/or insurance contract will prevail. Premier Access PPO benefits are underwritten by Premier Access Insurance Company, Sacramento, CA. "Dental HMO" is used to refer to product designs that include "Specialized Health Care Service Plans" in California, by Access Dental Plan, a California Corporation.



# DHMO 500 BENEFITS

DESCRIPTION	ADA code	DHMO 500 COPAY
<b>Preventive Services</b>		
Periodic Oral Exam	D0120	\$0
Comprehensive Exam	D0150	\$0
Full Mouth Series ( FMX)	D0210	\$0
Panoramic	D0330	\$0
Periapical X-rays	D0220	\$0
Bitewings- four films	D0274	\$0
Adult Cleanings	D1110	\$0
Child Cleanings	D1120	\$0
Adult/Child Fluoride Treatment	D1203/1204	\$0
Sealants 1st and 2nd Molars	D1351	\$10.00
Space Maintainers	D1525	\$25.00
<b>Basic Services</b>		
Restorations - Amalgam Fillings	D2161	\$0
Extractions - Erupted tooth	D7140	\$5.00
Surgical Removal - Erupted tooth	D7210	\$25.00
Root Canal Therapy - Anterior	D3310	\$55.00
Root Canal Therapy - Bi-cuspid	D3320	\$120.00
Root Canal Therapy - Molar	D3330	\$250.00
Scaling & Root Planing, per quadrant	D4341	\$25.00
<b>Major Services</b>		
Crowns	D2750	\$165.00
Bridges - per unit	D6210	\$165.00
Complete Denture - per arch	D5110	\$140.00
Partial Denture - per arch	D5211	\$120.00
Orthodontia (Child)	D8080	\$1975.00 †
(Adult)	D8090	\$2175.00 †

† based on 24 month treatment plan:  
additional ortho co-pays may apply, see  
Certificate of Insurance for full break down

Premier Access Dental and Vision provides you and your family with quality dental benefits at an affordable cost. The program is designed to encourage regular dentist visits to maintain oral health. When enrolling, you select a contracted dentist to provide services for you and your family. The size of a provider network is meaningless without the assurance of quality care. Our dental providers consist of dental facilities that have been carefully screened for quality.

## Plan Benefit Highlights

- Posterior Composites
- Oral Cancer Screening
- Additional Cleanings
- Cosmetic Procedures such as Labial Veneers & External Bleaching
- Defined Fees for Metal Upgrades
- Unlimited Benefits\*
- General Anesthesia and IV Sedation Covered

## Why Choose Premier Access?

- A-Rated by AM Best
- Over 4000 Provider Access Points
- Over 20 years in the Managed Care Business

The Patient Charge Schedule is a summary of the covered services. Please check the Evidence of Coverage for full details. These services are covered only when covered dental services are performed by your Network Dentist, unless otherwise authorized by Premier Access Dental and Vision as described in your plan documents. The benefits shown are performed as deemed appropriate by the attending Primary Care Dentist (PCD) subject to the limitations and exclusions of the program. Enrollees should discuss all treatment options with their PCD prior to services being rendered.

Our Member Services Department is available Monday thru Friday 8 a.m. to 6 p.m. to answer questions and provide any help you may need at 866.650.3660



\* refer to your Evidence of Coverage for details

## Exclusions and Limitations

The following dental Benefits are excluded:

1. Treatment which: a) is not included in the list of Covered Services; b) is not Dentally Necessary; or c) is Experimental or Investigational Service.
2. Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting.
3. Services, supplies and appliances related to the change of vertical dimension, restoration or maintenance of occlusion, splinting and stabilizing teeth for periodontic reasons, bite registration, bite analysis, attrition, erosion or abrasion, and treatment for temporomandibular joint dysfunction (TMJ), unless a TMJ benefit rider was included in the policy.
4. Replacement of a lost or stolen appliance including but not limited to, full or partial dentures, space maintainers and crowns and bridges.
5. Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions, unless specifically listed as a covered procedure on Schedule A.
6. Missed dental appointments. A fee of \$25 may be charged by your Primary Care Dentist for failure to cancel an appointment without 24 hours prior notification.
7. Personal supplies or equipment, including but not limited to water piks, toothbrushes, or floss holders.
8. Treatment for a jaw fracture.
9. Services or supplies provided by a dentist, dental hygienist, denturist or doctor who is: a) a close relative or a person who ordinarily resides with You or an Eligible Dependent; b) an employee of the employer; c) the employer.
10. Hospital or facility charges for room, supplies or emergency room expenses, or routine chest x-rays and medical exams prior to oral surgery.
11. Services and supplies obtained while outside the United States, except for Emergency Care.
12. Services or supplies resulting from or in the course of your or your Eligible Dependent's regular occupation for pay or profit for which you or your Eligible Dependent are entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify Us of all such benefits.
13. Any Charges which are:
  - a. Payable or reimbursable by or through a plan or program of any governmental agency, except if the charge is related to a non-military service disability and treatment is provided by a governmental agency of the United States. However, We will always reimburse any state or local medical assistance (Medicaid) agency for Covered Services and supplies.
  - b. Not imposed against the person or for which the person is not liable.
  - c. Reimbursable by Medicare Part A and Part B. If an Eligible Person at any time was entitled to enroll in the Medicare program (including Part B) but did not do so, his or her Benefits under this policy will be reduced by an amount that would have been reimbursed by Medicare, where permitted by law. However, for Eligible Persons insured under employers who notify Us that they employ 20 or more employees during the previous business year, this exclusion will not apply to an actively at work employee and/or his or her spouse who is age 65 or older if the employee elects coverage under this policy instead of coverage under Medicare.
14. Services and supplies provided primarily for cosmetic purposes, except as specified in Schedule A.
15. Services and supplies which may not reasonably be expected to successfully correct the Member's dental condition for a period of at least three years, as determined by Us.
16. Orthodontic services, supplies, appliances and orthodontic-related services, unless an orthodontic rider was included in the policy.
17. Extraction of asymptomatic, pathology-free third molars (wisdom teeth).
18. Therapeutic drug injection.
19. Correction of congenital conditions or replacement of congenitally missing permanent teeth not covered, regardless of the length of time the deciduous tooth is retained.
20. General anesthesia or intravenous/conscious sedation, except as specified in Schedule A.
21. Excision of cysts and neoplasms, except as specified in Schedule A.
22. Osseous or muco-gingival surgery, except as specified in Schedule A.
23. Restorative procedures, root canals and appliances which are provided because of attrition, abrasion, erosion, wear, or for cosmetic purposes, except as specified in Schedule A.
24. Services and supplies provided as one dental procedure, and considered one procedure based on standard dental procedure codes, but separated into multiple procedure codes for billing purposes. The covered charge for the services is based on the single dental procedure code that accurately represents the treatment performed.
25. Replacement of stayplates.
26. Dispensing of drugs not normally supplied in a dental office.
27. Malignancies.
28. Additional treatment costs incurred because a dental procedure is unable to be performed in the dentist's office due to the general health and physical limitations of the Member.
29. The member will be responsible for the actual metal fees for any procedure involving the use of noble, high noble, or titanium metal.
30. Implant-supported dental appliances, implant placement, maintenance, removal and all other services associated with dental implants.
31. Dental services that are received in an Emergency Care setting for conditions which are not emergencies if the subscriber reasonably should have known that an Emergency Care situation did not exist.
32. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.

## Limitations of Other Coverage:

1. This dental coverage is not designed to duplicate any Benefits to which Members are entitled under government programs, including CHAMPUS, Medi-Cal or Workers' Compensation. By executing an enrollment application, a Member agrees to complete and submit to the Plan such consents, releases, assignments, and other documents reasonably requested by the Plan or order to obtain or assure CHAMPUS or Medi-Cal reimbursement or reimbursement under the Workers' Compensation Law.
2. Benefits provided by a pediatric dentist are limited to children under six years of age following an attempt by the assigned Primary Care Dentist to treat the child and upon Prior Authorization by Premier Access Dental and Vision, less applicable Copayments.

## Diagnostic and Preventive Benefits Limitations

- Bitewing x-rays are now limited to two series within any 12-month period.
- Full mouth and panoramic x-rays are now limited to once every 3 years, unless medically necessary.
- Prophylaxis services (cleanings) are now limited to two per 12-month period.
- Dental sealants are now limited to children through the age of 15 years.

## Restorative Dentistry

- Covered services now include posterior composite fillings.

## Periodontics

- Periodontal maintenance is now limited to 2 treatments per 12 months.

## Crown and Fixed Bridge

- The plan now covers treatment plans in excess of 5 units. There is an additional copayment of \$125 per unit for any treatment for 7 or more units.
- The plan covers porcelain restorations on posterior teeth for an additional copayment of \$75 per unit.

## Prosthodontics

- The new plans include an exception to the 5 year replacement limitation to situations where there has been additional loss of natural functioning teeth.

