

**CITY OF MODESTO
BUY UP 2025**

Group Dental Plan: #2

Annual Maximum: \$3,000 per calendar year
\$2,500 Orthodontic Lifetime Maximum (excludes treatment started prior to 01/01/18)

Deductible: None

Coverage: Incentive 70-80-90-100% Preventive and Basic
Each annual visit increases 10%, each missed year decreases 10%
50% Prosthetics, Implants, Orthodontics

Waiting Period: No

Dependents: To age 26, no restrictions

Benefit Limitations:

Exams	2 in a calendar year
Prophylaxis or Perio maintenance	2 in a calendar year
Fluoride	2 in a calendar year
Bitewing Xrays	2 in a calendar year
Full Mouth	1 in 5 years
Panorex	1 in 5 years
Sealants	1 in 3 years to age 16 (1 st and 2 nd permanent molars)
Scaling and Root Planing	1 in 2 years (All four quads can be done on the same day)

Limitations: 5 year replacement on Crowns and Prosthetics

Exclusions: TMJ Night Guards

Exceptional Coverage: Posterior Composites

Claim Filing Limit: 6 months

Preauthorization: Requested over \$500

Alternate Benefit Clause: Based on the least expensive treatment that is professionally accepted.

Coordination of Benefits: Standard

Claims Address: Stanislaus Dental Foundation, PO Box 576007, Modesto, CA 95357
Phone # 209-527-2430 Fax # 209-524-8773

Payer ID: IN202

Provider Locator: www.stanfoundation.com **Provider panel:** PPO or Traditional