

# CITY OF MODESTO CORE PLAN 2025

**Group Dental Plan:** #1

**Annual Maximum:** \$2,000 per calendar year  
\$1,000 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 <sup>st</sup> and 2 <sup>nd</sup> 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](http://www.stanfoundation.com) **Provider panel:** PPO or Traditional