

**ALPINE PLAN
ORTHODONTIC BENEFITS**

I. ORTHODONTIC BENEFITS

Orthodontic services are provided as part of dental benefits provided by PacificDental Benefits, subject to the following provisions:

- a) There shall be a one-time surcharge of **\$2250.00** for a full-banded/2 year case, (Phase II treatment only), plus an additional charge of no more than:

\$350.00 for start-up fees

\$150.00 for one set of retainers (with retention limited to 12 consecutive months, if necessary)

Member's payment schedule shall be as follows unless otherwise agreed upon between the member and the orthodontist:

\$750.00 at the inception of care (the placement of bands).

\$150.00 per month for 10 months.

- b) Orthodontic treatment is available for each eligible member.
- c) Orthodontic treatment must be provided by a member of the orthodontic panel who is providing said treatment under a contract with PacificDental Benefits.
- d) Plan benefits cover 24 months of usual and customary Phase II orthodontic treatment.

II. LOSS OF BENEFIT/RESIDUAL OBLIGATIONS

Should a member be terminated or become ineligible for benefits, the member is subject to the following provisions:

- a) Availability of the orthodontic benefits described herein will cease upon loss of members eligibility and/or termination of the Group Subscriber Agreement for any reason. In the event benefits terminated while members and/or dependents have treatment in progress, the member may complete treatment by payment of the lesser of the following:

1) The number of months remaining in treatment times \$125 per month.

2) \$3000 less any copayments (including start-up fees) paid prior to termination of this benefit.

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- b) If a termination of benefits occurs due to a termination of the Group Subscriber Agreement, the group shall reserve the right to assign members residual obligation as described in (a) above to a successor organization.
- c) If member loses eligibility for 3 or more consecutive months they will be considered no longer eligible for orthodontic benefits, and (1) above would apply.

III. ADDITIONAL CHARGES

- a) Treatment that extends beyond 24 months will be subject to an office visit charge, which will be the members responsibility.
- b) The charge for each additional month will not exceed \$125.00 per month.

IV. SERVICES NOT PROVIDED

The following are not benefits included as part of orthodontic services provided by Pacific Dental Benefits.

- a) Start-up including:
 - 1. Cephalometric x-rays*
 - 2. Tracings*
 - 3. Study models*
 - 4. Photos*
- b) Lost or broken appliances.
- c) Retreatment of orthodontic cases.
- d) Treatment in progress at inception of eligibility.
- e) Changes in treatment necessitated by accident of any kind.
- f) Extraction of teeth or surgical procedures performed for orthodontic purposes.

* Start-up fees subject to additional combined charge not to exceed \$350.00.

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- g) Orthodontics for TMJ problems including assessment beyond that customarily provided in general practice.
- h) Cases involving:
 - 1. Surgical orthodontics.
 - 2. Myofunctional therapy.
 - 3. Cleft palate.
 - 4. Micrognathia.
 - 5. Macroglossia.
 - 6. Hormonal imbalances.
 - 7. Phase I orthodontic care.
 - 8. Orthodontic care prior to age ten.
- i) Transfer of Orthodontic provider for any reason in the middle of treatment.
- j) Any treatment rendered by any noncontracted Orthodontic provider.