

Mesa Dental Plan 2012

The Dental Plans available under the Mesa Choice Plan are self-insured and self-administered. You may choose any dental care provider. There are no in-network or out-of-network provisions under these plans. Claims are processed by the City of Mesa Benefits office.

Members have three plans from which to choose based upon their individual and family needs. The dental plans are:

- **Preventative Choice Plan** – Preventative services and basic restorative care to \$500 annually
- **Dental Choice Plan** – Preventative, basic, and major restorative coverage to \$1,200 annually
- **Dental Choice Plus Plan** – Coverage to \$1,500/year; orthodontia for children under age 19

Dental Premiums

Premiums for the three dental plans have been determined based upon the value of the individual plan. Premiums are deducted one month ahead on a pre-tax basis.

MESA CHOICE DENTAL PLAN HIGHLIGHTS 2012			
DENTAL SERVICES	PREVENTATIVE CHOICE PLAN	DENTAL CHOICE PLAN	DENTAL CHOICE PLUS PLAN
Deductible per calendar year	\$100/person; \$300/family Restorative care only	\$100/person; \$300/family Restorative care only	\$100/person; \$300/family Restorative care only
Preventative visits Include exam, tooth cleaning, periodic x-rays (excludes periodontal services)	Not subject to deductible 100%	Not subject to deductible 100%	Not subject to deductible 100%
Basic Restorative, sealants* (under 19) fluoride, fillings, extractions)	After deductible, 80%	After deductible, 80%	After deductible, 80%
Major Restorative (crowns, bridges, root canals, dentures, oral surgery, periodontal, & endodontic)	Not Covered	After deductible, 80%	After deductible, 80%
Orthodontia coverage applies only to dependent children under age 19	Not Covered	Not Covered	No Deductible, 80% Coverage, \$1,500 Maximum Payable/Year \$2,400 Maximum Payable Lifetime
Annual Maximum Payable	\$500 per person	\$1,200 per person	\$1,500 per person
This chart is a summary of how eligible services will be covered. For a complete list of services and more detailed information, please refer to the City of Mesa Health Plan Document available at www.mesaaz.gov/benefits or from Employee Benefits.			

Non-Covered Dental Services

As with the medical plan, there are certain services that are not covered under any of the dental plans. They include:

- Expenses exceeding the Allowed amount (see below)
- Orthodontia for children under age 19 that started **before** benefits began with the City of Mesa
- Analgesia, sedation, hypnosis, nitrous oxide and/or related services provided for apprehension or anxiety, except when medically necessary
- General anesthesia, except for impacted teeth or as necessary for teeth covered partially or totally by bone, root canal treatment or gingivectomy.
- Cosmetic services, including but not limited to veneers and facings
- Drugs and medicines (these may be covered under the prescription plan)
- Dental implants
- Athletic mouth guards

For more information about these and other services that are not covered, please refer to the [Plan Document](#) or contact Employee Benefits at (480) 644-2299.

Allowed Charges

ALL dental charges that are submitted to the Benefits Office are compared to a schedule of allowed charges before they are processed.

- When the billed charge for services is higher than the amount allowed for the provider's location (by zip code), benefits will be paid based on the allowed amount
- The member is responsible for paying the difference between the billed charge and the allowed amount
- To avoid paying more than the allowed charges for dental services, members should have providers submit a Predetermination of Dental Benefits form to the Employee Benefits Office **BEFORE** services are rendered
 - The Benefits Office will indicate any costs over the allowed charges
 - Deductibles and coinsurance will be determined based upon the provider's estimate of costs

The dental rates for 2012 have not increased.

FULL-TIME EMPLOYEES DENTAL CHOICE PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$95.00	\$85.50	\$9.50	\$4.75
Family	\$170.00	\$136.00	\$34.00	\$17.00

DENTAL CHOICE PLUS PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$110.00	\$85.50	\$24.50	\$12.25
Family	\$250.00	\$136.00	\$114.00	\$57.00

PREVENTIVE CHOICE PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$85.50	\$85.50	\$0.00	\$0.00
Family	\$142.00	\$136.00	\$6.00	\$3.00

2011

Employee Contribution	Per Paycheck*
\$9.50	\$4.75
\$34.00	\$17.00

Employee Contribution	Per Paycheck*
\$24.50	\$12.25
\$114.00	\$57.00

Employee Contribution	Per Paycheck*
\$0.00	\$0.00
\$6.00	\$3.00

PART-TIME EMPLOYEES DENTAL CHOICE PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$95.00	\$47.50	\$47.50	\$23.75
Family	\$170.00	\$85.00	\$85.00	\$42.50

DENTAL CHOICE PLUS PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$110.00	\$47.50	\$62.50	\$31.25
Family	\$250.00	\$85.00	\$165.00	\$82.50

PREVENTIVE CHOICE PLAN

2012	Total Premium	City Contribution	Employee Contribution	Per Paycheck*
Single	\$85.50	\$47.50	\$38.00	\$19.00
Family	\$142.00	\$85.00	\$57.00	\$28.50

2011

Employee Contribution	Per Paycheck*
\$47.50	\$23.75
\$85.00	\$42.50

Employee Contribution	Per Paycheck*
\$62.50	\$31.25
\$165.00	\$82.50

Employee Contribution	Per Paycheck*
\$38.00	\$19.00
\$57.00	\$28.50

***24 Paychecks**