

## **SSMC Employee Dental Benefits Plan Plan Amendment**

Sound Shore Medical Center of Westchester has adopted and amended the following provision for the restated self-funded SSMC Employee Dental Benefits Plan.

**Amendment Number:** R2003-002  
**Amendment Effective Date:** July 1, 2004  
**Nature of Amendment:** To amend the TMJ Plan Exclusion to add coverage for one TMJ appliance to a maximum of \$500.00 per covered person per lifetime.

**Provision Affected:**

Section I – Covered Services/Benefit Schedule, subsection C- Coverage Limitation, #4 Paragraph 4, and the addition of #5 Management of Temporomandibular Joint Dysfunctions, is amended to retroactively add coverage for one TMJ appliance per covered person per lifetime:

- 4. Orthodontics** - (correction of abnormally positioned or aligned teeth). Orthodontic benefits are only available for Eligible Dependent children under age 19. Coverage is not available if orthodontic appliance was installed before the Dependent was covered under the Plan.

The treatment plan requires coverage approval before orthodontic care starts. The Dentist must mail a pretreatment estimate with a detailed care plan to the Claims Administrator. Coverage will be limited to the services pre-approved for coverage by the Claims Administrator, according to Plan limitations. If the Plan does not cover the orthodontic treatment, payment will not be made for related orthodontic services and supplies.

Coverage is limited to orthodontic care related to disabling malocclusion, or for orthodontic care needed due to reconstructive cosmetic surgery resulting from Injury, infection or disease or from reconstructive surgery because of a birth defect of a covered Dependent child; but only for the type of oral surgery covered under the Plan. Covered orthodontic services include orthodontic diagnostic surveys, orthodontic appliances, installation and adjustment of appliances, functional/myofunctional therapy, and related exams. Payments for orthodontic expenses count toward the Covered Person's orthodontic Lifetime benefit maximum. Please refer to the *Benefit Schedule* under *Orthodontics* for benefit allowances and special limits that apply to covered orthodontic expenses.

Benefits are not payable for orthodontic expenses Incurred during any time the person receiving services was not eligible and enrolled in the Plan. Coverage does not include services and supplies related to orthodontic care that is interceptive or retention treatment or that is primarily cosmetic or esthetic; or to increase vertical dimensions; or to restore the vertical occlusion; or that are related to treatment of temporomandibular joint syndrome/or similar disorder unless specifically included under another provision of this Plan. Benefits are not payable for the replacement and/or repair of any appliance furnished under the treatment plan.

If orthodontic services end for any reason before the completion of the treatment course, benefits will cease at the time care ended. If the patient loses eligibility for Plan coverage, Plan payment will not be made for any period on or after the date coverage ends. If the patient is on a quarterly payment schedule, payment will be based on that portion of the quarterly period that the patient actually received services and was eligible for Plan benefits. In no event, will the Plan exceed its benefit limits for active care.

- 5. Management of Temporomandibular Joint Dysfunctions** – TMJ appliance only. Limited to once per lifetime. Benefits are not payable for the replacement and/or repair of any appliance furnished under the treatment plan.

Section I – Covered Services/Benefit Schedule, subsection E- Benefit Schedule, Correct #9 Other Covered Procedures to #12, and is amended to retroactively add coverage for one TMJ appliance per covered person per lifetime:

**12. Other Covered Procedures**

<b>Other Covered Procedures</b>	<b>Maximum Allowance</b>	<b>Special Limits</b>
<b>General Anesthesia</b>	\$ 20.00	Must be for a covered oral/dental surgical procedure.
<b>Other Anesthetics</b> Local anesthesia not in conjunction with operative or surgical procedures	2.97	
Regional or trigeminal division block anesthesia	1.27	Must be for covered oral/dental surgical procedure
Local anesthesia	1.53	
Analgesia, anxiolysis, inhalation nitrous oxide	1.27	
<b>Professional Consultation</b> Consultation Hospital call Office visit for observation Office visit – after regularly scheduled hours	12.00 22.00 7.00 15.00	
<b>Drugs</b> Therapeutic drug injection, by report Other drugs and/or medicaments, by report	6.00 4.00	
<b>Miscellaneous Services</b> Application of desensitizing medicament Occlusal guard, by report	5.00 34.00	
<b>TMJ Appliance</b> (Temporomandibular Joint Dysfunctions)	\$500.00	Limited to one appliance per covered person per lifetime

Section IV -Plan Exclusions, subsection A- Dental Procedures Not Covered, #11 is amended to retroactively add coverage for one TMJ appliance per covered person per lifetime:

11. Procedures, appliances or restorations (except full dentures) whose main purpose is to change dimension; for myofunctional therapy; to restore occlusion or occlusal adjustments; to stabilize periodontal involved teeth or for periodontal splinting; to diagnose or treat conditions or dysfunction of the temporomandibular joint (TMJ), other craniomandibular disorders, or other conditions of the joint linking the jawbone and skull, and the muscles, nerves and other tissues related to the joint. Exception: Limited coverage specifically included in the Plan for one TMJ appliance per covered person per lifetime.