

Golden West Dental & Vision Uniform Matrix Orthodontic Plan 4

This benefit summary is intended to help you compare coverage, benefits, and limitations and is a summary only. For a more detailed description of coverage, benefits, and limitations, please contact Golden West. This comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative benefit summary is available at www.goldenwestdental.com. The Evidence of Coverage (EOC) should be consulted for a detailed description of benefits, limitations, exclusions, and the exact terms and conditions of your coverage. Please refer to the back of your ID card and call the number to request a copy of the EOC. If you need further assistance, please contact the Department of Managed Health Care at (888) HMO-2219.

BENEFIT DESCRIPTION	COPAYMENTS	LIMITATIONS/EXCLUSIONS
Annual Deductibles	There is no annual deductible.	
Calendar Year Maximums	There are no calendar year maximums on treatment provided by a network orthodontist.	
Lifetime Maximums	There are no lifetime maximums on treatment provided by a network orthodontist.	
Professional Services:		
Diagnostic	\$0 - \$100	Payable only if patient does not proceed with treatment.
Treatment	\$1025- \$1795	Orthodontic care in excess of 24 months is member's responsibility.
Retainer Visits	\$100-\$200	Retainer visits and care for 6 months following completion of treatment period including cost of retainer visits.
Minor Tooth Movement	\$590	Orthodontic care in excess of 24 months is member's responsibility.
Emergency Services*	Not a covered benefit of this plan.	
Outpatient Services*	Not a covered benefit of this plan.	
Hospitalization Services*	Not a covered benefit of this plan.	
Emergency Health Coverage*	Not a covered benefit of this plan.	
Ambulance Services*	Not a covered benefit of this plan.	
Prescription Drug Coverage*	Not a covered benefit of this plan.	
Durable Medical Equipment*	Not a covered benefit of this plan.	
Mental Health Services*	Not a covered benefit of this plan.	
Residential Treatment*	Not a covered benefit of this plan.	
Chemical Dependency Services*	Not a covered benefit of this plan.	
Home Health Services*	Not a covered benefit of this plan.	
Custodial Care and Skilled Nursing Facilities*	Not a covered benefit of this plan.	

*Golden West is required by regulation to provide this information. Golden West provides Dental, Orthodontic, and Vision benefits only.