

# Triple-S

<http://www.ssspr.com>



An Independent  
Licensee of the  
BlueCross BlueShield  
Association

# 2007

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## A Regional Dental PPO Plan

**Serving: Puerto Rico**

**Enrollment Options for this Plan:**

- **High Option – Self Only**
- **High Option – Self Plus One**
- **High Option – Self and Family**

**Enrollment in this Plan is limited. You must live in Puerto Rico to enroll.**



Federal Employees  
Dental And Vision Insurance Program

Authorized for distribution by the:



**United States  
Office of Personnel Management**

Center for  
Retirement and Insurance Services  
<http://www.opm.gov/insure>

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## Introduction

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On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants, and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of Triple-S under Triple-S's contract (OPM-06-00060-8) with OPM as authorized by the FEDVIP law. The address for our administrative office is:

Triple-S, Inc. (Triple-S)  
1441 Roosevelt Avenue  
San Juan, Puerto Rico 00920  
Customer Service Phone Number: (787) 749-4777  
Website: [www.ssspr.com](http://www.ssspr.com)

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations, and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

**This dental Plan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.**

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## Program Highlights

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<b>A choice of plans and options</b>	You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit <a href="http://www.opm.gov/insure/dentalvision">www.opm.gov/insure/dentalvision</a> for more information.
<b>Enroll through BENEFEDS</b>	You enroll through the Internet at <a href="http://www.BENEFEDS.com">www.BENEFEDS.com</a> . See page 6 for more information.
<b>Coverage effective date</b>	If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective.
<b>Pre-tax salary deduction for employees</b>	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
<b>Annual enrollment opportunity</b>	Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information.
<b>Continued group coverage</b>	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information.
<b>Waiting period</b>	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period.

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## Section 1 Eligibility

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<b>Federal employees</b>	If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.
<b>Federal annuitants</b>	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none"><li>retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;</li><li>retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government.</li></ul> <p>You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.</p>
<b>Survivor annuitants</b>	If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment.
<b>Compensationers</b>	A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.
<b>Family members</b>	<p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at <a href="http://www.opm.gov/insure/handbook">www.opm.gov/insure/handbook</a> or contact your employing agency or retirement system.</p>
<b>Not eligible</b>	<p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none"><li>Deferred annuitants;</li><li>Former spouses of employees or annuitants;</li><li>FEHB temporary continuation of coverage (TCC) enrollees.</li></ul>

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## Section 2 Enrollment

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### Enroll through BENEFEDES

**You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website ([www.BENEFEDES.com](http://www.BENEFEDES.com)) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select.** If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

**Note:** You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

### Enrollment types

**Self Only:** A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

**Self Plus One:** A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

**Note: A Self Plus One enrollment option does not exist under the FEHB Program.**

**Self and Family:** A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

### Opportunities to enroll or change enrollment

#### *Open season*

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

#### *New hire / Newly eligible*

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives your enrollment.

#### *Qualifying Life Event*

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	No	No	No	No

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

***Canceling an enrollment***

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

**When coverage stops**

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or

- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

**Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.**

**FSAFEDS/High Deductible  
Health Plans and  
FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See [www.fsafeds.com](http://www.fsafeds.com) or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

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## Section 3 How you get care

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### Identification cards / Enrollment confirmation

We will send you an identification (ID) card when you enroll. You should carry your ID card with you at all times. You must show it whenever you receive services from a Plan provider. Your ID card does not have an expiration date to ensure the continuity of services.

If you do not receive your ID card within 30 days after the effective date of your enrollment, or if you need replacement cards, call us at 787-749-4777 or write to us at Triple-S, Inc. (Triple-S), Customer Service Department, 1441 Roosevelt Avenue, San Juan, Puerto Rico 00920. You may also request replacement cards through our Web site at [www.ssspr.com](http://www.ssspr.com).

### Where you get covered care

You get care from “Plan providers”. You will only pay coinsurance, and you will not have to file claims, except when receiving services from orthodontists, who are not “Plan providers”.

- **Plan providers**

We list Plan providers in the provider directory, which we update periodically. The list is on our website at: [www.ssspr.com](http://www.ssspr.com).

- **In-network**

The primary care dentists are duly authorized Plan dentists with a regular license issued by the designated entity of the government of Puerto Rico, and who are bona fide members of the “Colegio de Cirujanos de Puerto Rico”, who have signed a contract with Triple-S to render dental services.

- **Out-of-network**

Duly authorized Non-Plan dentists with a regular license that have not signed a contract with Triple-S to render dental services. We will only reimburse out-of-network services when rendered by orthodontists. If you receive dental services from other out-of-network providers, you will have to pay 100% of the charges and we will not reimburse you for the charges.

Emergency services performed by an out-of-network dentist are not covered. You will have to pay 100% of the charges and we will not reimburse you.

- **Overseas**

Not covered services.

### Pre-authorization/ Prede- termination of benefits

Some of the objectives of the predetermination of benefits are to evaluate if the service is necessary and verify the eligibility of the enrollee for the requested service. Predeterminations will be evaluated based on the predetermination policies that Triple-S has established. We will not be liable for payment of services if they have been rendered or received without this authorization/predetermination.

The following dental benefits will require a pre-authorization/predetermination of benefits: all crowns, fixed and removable prostheses, periodontal procedures and endodontic retreatments.

The dentist is responsible for the predetermination of benefits and will list all services on the ADA claim form and include a treatment plan. The dentists will submit the form by paper or electronically. For questions regarding this process, call us at 787-749-4777.

### Pre-certification

#### Coordination of benefits

If you have dental or vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will be the first payer of any benefit payments. We are responsible for coordinating benefits with the primary payer.

We will also coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of dental costs under no-fault insurance that pays benefits without regard to fault.

We may request that you verify/identify your health insurance plan(s) annually or at time of service.

**Service area**

To enroll in this Plan, you must live in our service area. This is where our providers practice. Our service area: Only Puerto Rico.

You must get your care from providers within the service area who contract with us. If you receive care outside our service area, you will have to pay 100% of the charges. We will not pay for services out of our service area.

If you or a covered family member moves outside of our service area, you can enroll in another plan at that time. You do not have to wait until Open Season to change plans. If your family members live out of the area (for example, if your child goes to college in another state), it may make sense to enroll in a Nationwide plan. Contact BENEFEDS at [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to change plans.

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## Section 4 Your cost for covered services

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This is what you will pay out-of-pocket for covered care:

<b>Coinsurance</b>	Coinsurance is the percentage of our allowance that you must pay for your care.  Example: In our Plan, you pay 30% of our allowance for oral surgery.
<b>Lifetime benefit maximum</b>	In our Plan, the established lifetime benefit maximum of \$1,500 applies only for orthodontic services.
<b>In-network services</b>	You pay the established coinsurance for each service. See <b>Section 5 Dental services and supplies</b> for more information.
<b>Out-of-network services</b>	You pay 100% of the costs, except for orthodontic services, for which we will reimburse 100% of the costs.
<b>Emergency services</b>	You pay the established coinsurance for each in-net-work service. For emergency services received from out-of-network providers in or outside of our service area (Puerto Rico), you pay 100% of the costs.
<b>Overseas services</b>	You pay 100% of the costs.

## Section 5 Dental services and supplies Class A Basic

**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.

**You Pay:**

- **Standard Option**
  - In-Network:** Nothing
  - Out-of-Network:** 100% of billed charges

### Diagnostic and Treatment Services

- D0120 Periodic oral evaluation - *Limited to twice every 12 months, with an interval of 6 months*
  - D0140 Limited oral evaluation - problem focused - *Limited to twice every 12 months, with an interval of 6 months*
  - D0150 Comprehensive oral evaluation – *Limited to twice every 12 months, with an interval of 6 months*
  - D0180 (P) Comprehensive periodontal - *Limited to twice every 12 months, with an interval of 6 months*
  - D0210 Intraoral - complete series (including bitewings)
  - D0220 Intraoral - periapical first film
  - D0230 Intraoral - periapical - each additional film
  - D0240 Intraoral - occlusal film
  - D0270 Bitewing - single film
  - D0272 Bitewings - two films
  - D0274 Bitewings - four films
  - D0277 Vertical bitewings – 7 to 8 films
  - D0330 Panoramic film
  - D0340 Cephalometric film
  - D0999 Unspecified diagnostic procedure, *by report*
- (P) = Services will be paid only to periodontists

### Preventative Services

- D1110 Prophylaxis – adult - *Limited to twice every 12 months, with an interval of 6 months*
- D1120 Prophylaxis – child - *Limited to twice every 12 months, with an interval of 6 months*
- D1203 Topical application of fluoride (excluding prophylaxis) – child - *Limited to twice every 12 months, with an interval of 6 months*
- D1204 Topical application of fluoride (excluding prophylaxis) – adult - *Limited to twice every 12 months, with an interval of 6 months*
- D1351 Sealant - per tooth - *Limited to permanent molars and premolars through age 14; one sealant per tooth for life*

**Not covered:**

- *Plaque control programs*
- *Oral hygiene instruction*
- *Dietary instructions*
- *Over-the-counter dental products, such as teeth whiteners, toothpaste, dental floss*
- *Services rendered by out-of-network providers*

## Class B Minor

**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- All fixed and removable prosthesis, periodontal procedures and endodontic retreatments will be subject to our predetermination.

**You Pay:**

- **Standard Option**
  - In-Network:** 30% of coinsurance, except for D2999, for which you will pay no coinsurance
  - Out-of-Network:** 100% of billed charges

### Minor Restorative Services

- D2140 Amalgam - one surface, primary or permanent
- D2150 Amalgam - two surfaces, primary or permanent
- D2160 Amalgam - three surfaces, primary or permanent
- D2161 Amalgam - four or more surfaces, primary or permanent
- D2330 Resin-based composite - one surface, anterior
- D2331 Resin-based composite - two surfaces, anterior
- D2332 Resin-based composite - three surfaces, anterior
- D2335 Resin-based composite - four or more surfaces or involving incisal angle (anterior)
- D2391 Resin-based composite – one surface, posterior
- D2392 Resin-based composite – two surfaces, posterior
- D2393 Resin-based composite – three surfaces, posterior
- D2394 Resin-based composite – four or more surfaces, posterior
- D2799 Provisional crown
- D2910 Recement inlay – onlay, or partial coverage restoration - *Limited to one patient, per tooth, per lifetime*
- D2915 Recement cast or prefabricated post and core – *Limited to one per patient, per tooth, per lifetime*
- D2920 Recement crown - *Limited to one per patient, per tooth, per lifetime*
- D2930 Prefabricated stainless steel crown - primary tooth - *Limited to one per patient, per tooth, per lifetime*
- D2940 Sedative filling
- D2951 Pin retention - per tooth, in addition to restoration
- D2999 Unspecified restorative procedure, *by report*

**Not Covered:**

- *Restorations, including veneers, which are placed for cosmetic purposes only*
- *Gold foil restorations*
- *Services rendered by out-of-network providers*

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**Endodontic Services**

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D3110 Pulp cap – direct (excluding final restoration)

D3120 Pulp cap – indirect (excluding final restoration)

D3220 Therapeutic pulpotomy (excluding final restoration)

D3221 Pulpal debridement, primary and permanent teeth

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**Periodontal Services**

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D4341 Periodontal scaling and root planning - four or more teeth per quadrant

D4342 Periodontal scaling and root planning - one to three teeth per quadrant

D4910 Periodontal maintenance

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**Prosthodontic Services**

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D5410 Adjust complete denture - maxillary

D5411 Adjust complete denture - mandibular

D5421 Adjust partial denture - maxillary

D5422 Adjust partial denture - mandibular

D5510 Repair broken complete denture base

D5520 Replace missing or broken teeth - complete denture (each tooth)

D5610 Repair partial denture base

D5630 Repair or replace broken clasp

D5640 Replace broken teeth - per tooth

D5650 Add tooth to existing partial denture

D5660 Add clasp to existing partial denture

D5710 Rebase complete maxillary denture

D5711 Rebase complete mandibular denture

D5720 Rebase maxillary partial denture

D5721 Rebase mandibular partial denture

D5730 Reline complete maxillary denture (chairside)

D5731 Reline complete mandibular denture (chairside)

D5740 Reline maxillary partial denture (chairside)

D5741 Reline mandibular partial denture (chairside)

D5750 Reline complete maxillary denture (laboratory)

D5751 Reline complete mandibular denture (laboratory)

D5760 Reline maxillary partial denture (laboratory)

D5761 Reline mandibular partial denture (laboratory)

D5899 Unspecified removal prosthodontic procedure, *by report*

D6930 Recement fixed partial denture

D6980 Fixed partial denture repair, *by report*

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**Oral Surgery**

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D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)

D7210 Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth

D7220 Removal of impacted tooth - soft tissue

D7230 Removal of impacted tooth - partially bony

D7240 Removal of impacted tooth - completely bony

D7250 Surgical removal of residual tooth roots (cutting procedure)

D7280 Surgical access of an unerupted tooth

*Oral Surgery - continued on next page*

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**Oral Surgery (cont.)**

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D7283 Placement of device to facilitate eruption of impacted tooth

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D7286 Biopsy of oral tissue - soft

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D7510 Incision and drainage of abscess - intraoral soft tissue

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D7971 Excision of pericoronal gingiva

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D7999 Unspecified surgical procedure, *by procedure*

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## Class C Major

**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- All crowns and endodontic retreatments will be subject to our determination.

**You Pay:**

- **Standard Option**

**In-Network:** 60% of coinsurance, except for endodontic services and codes D2950, D2952, D2954 and D2980, for which you will pay 30% of coinsurance

**Out-of-Network:** 100% of billed charges

### Major Restorative Services

- D2720 Crown – resin with high noble metal
- D2722 Crown – resin with noble metal
- D2750 Crown - porcelain fused to high noble metal
- D2752 Crown - porcelain fused to noble metal
- D2780 Crown - 3/4 cast high noble metal
- D2781 Crown - 3/4 cast predominately base metal
- D2782 Crown – ¾ cast noble metal
- D2783 Crown - 3/4 porcelain/ceramic
- D2790 Crown - full cast high noble metal
- D2791 Crown - full cast predominately base metal
- D2792 Crown - full cast noble metal
- D2794 Crown - titanium
- D2950 Core buildup, including any pins
- D2952 Cast post and core in addition to crown
- D2954 Prefabricated post and core in addition to crown
- D2980 Crown repair, *by report*

**Not covered:**

- *Gold foil restorations*
- *Restorations for cosmetic purposes only*
- *Composite resin inlays*
- *Services rendered by out-of-network providers*

### Endodontic Services

- D3310 Endo - anterior root canal (excluding final restoration)
- D3320 Endo - bicuspid (excluding final restoration)
- D3330 Endo - molar (excluding final restoration)
- D3346 Retreatment of previous root canal therapy-anterior
- D3347 Retreatment of previous root canal therapy-bicuspid
- D3348 Retreatment of previous root canal therapy-molar
- D3999 Unspecified endodontic procedure, *by report*

## Major Prosthodontic Services

D5110 Complete denture - maxillary
D5120 Complete denture - mandibular
D5213 Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214 Mandibular partial denture - cast metal framework with resin denture base (including any conventional clasps, rests and teeth)
D6210 Pontic - cast high noble metal
D6212 Pontic - cast noble metal
D6240 Pontic - porcelain fused to high noble metal
D6241 Pontic - porcelain fused to predominately base metal
D6242 Pontic - porcelain fused to noble metal
D6245 Pontic - porcelain/ceramic
D6250 Pontic – resin with high noble metal
D6251 Pontic – resin with predominately base metal
D6252 Pontic – resin with noble metal
D6253 Provisional pontic
D6545 Retainer – cast metal for resin bonded fixed prosthesis
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis
D6600 Inlay – porcelain/ceramic, two surfaces
D6601 Inlay – porcelain/ceramic, three or more surfaces
D6602 Inlay – cast high noble metal, two surfaces
D6603 Inlay – cast high noble metal, three or more surfaces
D6604 Inlay – cast predominately base metal, two surfaces
D6605 Inlay – cast predominately base metal, three or more surfaces
D6606 Inlay – cast noble metal, two surfaces
D6607 Inlay – cast noble metal, three or more surfaces
D6608 Onlay – porcelain/ceramic, two surfaces
D6609 Onlay – porcelain/ceramic, three or more surfaces
D6610 Onlay – cast high noble metal, two surfaces
D6611 Onlay – cast high noble metal, two surfaces
D6612 Onlay – cast predominately base metal, two surfaces
D6613 Onlay – cast predominately base metal, three or more surfaces
D6614 Onlay – cast noble metal, two surfaces
D6615 Onlay – cast noble metal, three or more surfaces
D6624 Inlay - titanium
D6634 Onlay - titanium
D6710 Crown – indirect resin based composite
D6720 Crown – resin with high noble metal
D6721 Crown – resin with predominately base metal
D6722 Crown – resin
D6740 Crown - porcelain/ceramic
D6750 Crown - porcelain fused to high noble metal
D6751 Crown - porcelain fused to predominately base metal
D6752 Crown - porcelain fused to noble metal
D6780 Crown - 3/4 cast high noble metal

## Major Prosthodontic Services (cont.)

D6781 Crown - 3/4 cast predominately base metal

D6782 Crown - 3/4 cast noble metal

D6783 Crown - 3/4 porcelain/ceramic

D6790 Crown - full cast high noble metal

D6791 Crown - full cast predominately base metal

D6792 Crown - full cast noble metal

D6794 Crown - titanium

D6920 Connector bar

D6930 Recement fixed partial denture

D6940 Stress breaker

D6950 Precision attachment

D6970 Cast post and core in addition to fixed partial denture retainer

D6972 Prefabricated post and core in addition to fixed partial denture retainer

### ***Not covered:***

- *Implantology and related services*
- *Cast unilateral removable partial dentures*
- *Precision attachments, personalization, precious metal bases, and other specialized techniques*
- *Replacement of dentures that have been lost, stolen or misplaced*
- *Removable or fixed prostheses initiated prior to the effective date of coverage or inserted/cemented after the coverage ending date*
- *Services rendered by out-of-network services*

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## Class D Orthodontic

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**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.
- The waiting period for orthodontic services is 24 months. The person receiving services must be covered under this Plan for the entire waiting period.
- The lifetime maximum for orthodontic services is \$1,500.
- Orthodontists are Non-Plan providers; services will be covered by reimbursement at 50%.

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### Orthodontic Services - limited to children up to age 19

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D8210 Removable appliance therapy, *limited to once per lifetime*

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D8220 Fixed appliance therapy, *limited to once per lifetime*

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D8660 Pre-orthodontic treatment visit; *initial examination and treatment plan (including x-rays and study models), limited to once per lifetime*

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D8670 Periodic orthodontic treatment visit (as part of contract); *monthly payment – post treatment stabilization*

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D8680 Orthodontic retention (removal of appliances, construction and placement of retainer (s)), *limited to each per lifetime*

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D8690 Orthodontic treatment (alternate billing to a contract fee); *initial payment for insertion of appliance, limited to once per lifetime*

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***Not covered:***

- *Orthodontic care for persons age 19 and over*
  - *Repair of damaged orthodontic appliances*
  - *Replacement of lost or missing appliance*
  - *Services to alter vertical dimension and/or restore or maintain the occlusion. Such procedures include, but are not limited to, equilibration, periodontal splinting, full mouth rehabilitation, and restoration for misalignment of teeth*
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## General Services

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**Important things you should keep in mind about these benefits:**

- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care, or treatment of a covered condition and meet generally accepted dental protocols.
- There is no calendar year deductible.

**You Pay:**

- **Standard Option**
  - In-Network:** 30% of coinsurance
  - Out-of-Network:** 100% of billed charges

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### General services

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D9420 Hospital Call

D9910 Application of desensitizing medicament

D9930 Treatment of complications (post-surgical) – unusual circumstances, by report

D9999 Unspecified adjunctive procedure, by report

**Not covered:**

- *Nitrous oxide*
  - *Oral sedation*
  - *Services rendered by out-of-network providers*
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## Section 6 General exclusions – things we don't cover

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The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care, or treatment of a covered condition.**

We do not cover the following:

- Any dental service or treatment not specifically listed as a covered service;
- Services and treatment not prescribed by or under the direct supervision of a dentist, except in those states where dental hygienists are permitted to practice without supervision by a dentist. In these states, we will pay for eligible covered services provided by an authorized dental hygienist performing within the scope of his or her license and applicable state law;
- Services and treatment which are experimental or investigational;
- Services and treatment which are for any illness or bodily injury which occurs in the course of employment if a benefit or compensation is available, in whole or in part, under the law or regulation of any governmental unit. This exclusion applies whether or not you claim the benefits or compensation;
- Services and treatment received from a dental department maintained by or on behalf of an employer, mutual benefit association, labor union, trust, or similar person or group;
- Services and treatment performed prior to your effective coverage date including orthodontic treatment;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment which are not dentally necessary, or which are not recommended or approved by the treating dentist. (Services determined to be unnecessary or which do not meet accepted standards of dental practice are not billable to you by a participating dentist unless the dentist notifies you of your liability prior to treatment and you choose to receive the treatment. Participating dentists should document such notification in their records.);
- Services and treatment not meeting accepted standards of dental practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services related to the diagnosis and treatment of Temporomandibular Joint Dysfunction (TMD);
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts or x-rays, or any costs associated with forwarding/ mailing copies of your records, charts or x-rays;
- State or territorial taxes on dental services performed;
- Adjunctive dental care services that are covered by the FEHB or other medical insurance even when provided by a general dentist or oral surgeon;
- Services rendered by out-of-network providers, in or outside of Puerto Rico, except by orthodontists in Puerto Rico.
- Services needed as a result of a traffic accident.

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## Section 7 The claims filing and disputed claims processes

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### How to file a claim for covered services

When you see Plan providers, you will not have to file claims. Just present your identification card and pay your coinsurance.

You will only need to file a claim when you receive orthodontic services. Sometimes these providers bill us directly. Check with the provider. If you need to file the claim, here is the process:

**1. Claims for reimbursement:** In most cases, providers file claims for you. Dentists must file an ADA claim form. For claims questions and assistance, call us at 787-749-4777. When you receive orthodontic services you must file an ADA claim form or a claim that includes the information shown below. Bills and receipts should be itemized and:

(a) Must be sent to: Triple-S, PO Box 363628, San Juan, PR 00936-3628; and

(b) Must include the following:

- Name and contract number of the plan enrollee who received the service
- Date of service
- Diagnosis
- Tooth number
- Surface number
- Service provider's signature
- Stamp or letterhead of provider's name, address and specialty
- Amount and description of services received (ADA code)
- Amount paid
- Reason for requesting reimbursement

To request reimbursement through Coordination of Benefits add:

- Contract number of the other plan
- If the reimbursement is for amounts left unpaid by your other plan, you must include the other plan's Explanation of Benefits.

**2. We have a period of 30 days after our receipt of the claim to:**

(a) Notify you of our determination; or

(b) Request additional information. You will have up to 45 days to provide the requested information.

(c) Inform you that more time is needed to make a decision. This extension may consist of a maximum of 15 additional days.

### Deadline for filing your claim

Send us all the documents for your claim as soon as possible. You must submit the claim by December 31 of the year you received the service, unless timely filing was prevented by administrative operations of Government or legal incapacity, provided the claim was submitted as soon as reasonably possible.

### Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

### **Step Description**

**1** Ask us in writing to reconsider our initial decision. You must:

- Write to us within the 180 days from the date of our determination.
- Include in your letter the reason why you believe that the initial determination is incorrect.
- Enclose copies of the documents that support your claim, such as a letter from the dentists, and the explanations of benefits.

**2** We have 30 days from the date we receive your request to:

- Review your appeal and inform you of the determination.

**3** If the dispute is not resolved through the reconsideration process, you may request a review of the denial. You must:

- Request a second review of your case within a 60-day period following notification of the revised determination (after the first appeal).

**4** If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision.

The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

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## Section 8 Definitions of terms we use in this brochure

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<b>Annuitants</b>	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
<b>BENEFEDS</b>	The enrollment and premium administration system for FEDVIP.
<b>Benefits</b>	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
<b>Annual benefit maximum</b>	The maximum annual benefit that you can receive per person.
<b>Class A services</b>	Basic services, which include oral examinations, prophylaxis, diagnostic evaluations, sealants and x-rays.
<b>Class B services</b>	Intermediate services, which include restorative procedures such as fillings, prefabricated stainless steel crowns, periodontal scaling, tooth extractions, and denture adjustments.
<b>Class C services</b>	Major services, which include endodontic services such as root canals, periodontal services such as gingivectomy, major restorative services such as crowns, oral surgery, bridges and prosthodontic services such as complete dentures.
<b>Class D services</b>	Orthodontic services.
<b>Enrollee</b>	The Federal employee or annuitant enrolled in this Plan.
<b>FEDVIP</b>	Federal Employees Dental and Vision Insurance Program.
<b>Generally accepted dental protocols</b>	Clinically adequate procedures accepted by the different academies of the dental profession.
<b>Plan allowance</b>	The amount we use to determine our payment for out-of-network services. We determine our plan allowance as follows:
<b>Waiting period</b>	The amount of time that you must be enrolled in this Plan before you can receive orthodontic services.
<b>We / Us</b>	Triple-S
<b>You</b>	Enrollee or eligible family member.

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## Stop health care fraud!

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Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

**Protect Yourself From Fraud** – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS, or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Carefully review your explanation of benefits (EOBs) statements.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
  - Call the provider and ask for an explanation. There may be an error.
  - If the provider does not resolve the matter, call us at 787-749-4777 and explain the situation.

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## Summary of benefits for Triple-S plan - 2007

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- **Do not rely on this chart alone.** On this page we summarize specific expenses we cover; for more detail, look inside.
- If you want to enroll or change your enrollment in this Plan, please visit [www.BENEFEDS.com](http://www.BENEFEDS.com) or call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680.

Standard Option Benefits	You Pay In-network	You Pay Out of network	Page
Class A (Basic) Services – preventive and diagnostic	Nothing		11
Class B (Intermediate) Services – includes minor restorative, endodontic, periodontal, prosthodontic and oral surgery services	30%	100%	12
Class C (Major) Services – includes major restorative, endodontic, and major prosthodontic services	60%, except for some major restorative services, and for endodontic service, for which is 30%	100%	14
Class D Services – orthodontic services \$1,500 Lifetime Maximum	Covered by reimbursement at 50%		17
General Services	30%	100%	18

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## 2007 Monthly and bi-weekly rates information for Triple-S, Inc.

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***How to find your monthly rate***

- In the first chart below, look up your state or zip code to determine your Rating Area.
- In the second chart below, match your Rating Area to your enrollment type and plan option.

### Monthly and Bi-weekly Rates

Rating Area	Monthly High option Self Only	Monthly High option Self Plus One	Monthly High option Self and Family	Bi-weekly High option Self Only	Bi-weekly High option Self Plus One	Bi-weekly High option Self and Family
<b>1</b>	<b>\$8.97</b>	<b>\$17.94</b>	<b>\$23.68</b>	<b>\$4.14</b>	<b>\$8.28</b>	<b>\$10.93</b>