

**GOLDEN WEST DENTAL PLAN
ORTHODONTIC PLAN 4**

Exhibit C

Principal Benefits and Coverages
Copayment Schedule

Treatment must be provided by a current member of the Golden West Orthodontic Panel.

<u>SERVICE</u>	<u>MEMBER PAYS</u>
Initial Examination	No Charge
Diagnostic Work-Up Includes consultation, study models and diagnosis on cases where treatment is prescribed. Payable only if patient does not proceed with treatment	\$ 100.00
Full Upper and Lower Banded Case - Children to age 19	1,795.00
Full Upper and Lower Banded Case - Adult*	1,795.00
Limited Upper or Lower Banded Case (Single Arch)	1,025.00
Minor Tooth Movement	590.00
Retainer Visits and Care for 6 Months Following Completion of 24-Month Treatment Period. (Includes cost of retainer appliances)	
Full Banded Case	200.00
Limited Banded Case (Single Arch)	100.00
Minor Tooth Movement	100.00
Retainer Visits after Initial 6-Month Period (per visit)	15.00
Broken Appointments (without 24-hour notice)	10.00

*Some Golden West orthodontic offices limit their practice to children. Please refer to your Golden West Network Directory for information on which offices accept adult cases.

Any Procedure Not Listed is Available on a Fee for Service Basis.

LIMITATIONS AND EXCLUSIONS

1. Treatment must be provided by a current member of the Golden West Orthodontic Panel.
2. Plan benefits include 24 months of standard orthodontic treatment and an additional 6 months of retention. Treatment extending beyond these time periods will be subject to additional charges
3. Treatment in progress at inception of eligibility is not covered.
4. Once an orthodontic treatment plan has begun, you may not change orthodontic providers.
5. Subscriber and his/her eligible dependent must remain on the plan during the period of time subscriber or dependent is undergoing orthodontic treatment. Termination will result in usual and customary charges for completion of treatment.
6. The following are not considered covered charges under this orthodontic plan:
 - Repair or replacement of lost or broken appliances.
 - Retreatment of orthodontic cases.
 - Changes in treatment necessitated by an accident.
 - Additional charges incurred due to patient neglect or non-compliance with prescribed course of treatment.
 - Maxillofacial surgery, orthognathic surgery, oral surgery for orthodontic purposes (including extractions), micrognathia, macroglossia, cleft palate, myofunctional therapy, speech therapy, treatment of TMJ.
 - X-rays and photographs required for the diagnostic workup.
 - Phase I orthodontic treatment (prior to full mouth banding).

This disclosure form is only a summary of the dental plan. The dental plan contract and evidence of coverage must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract and evidence of coverage is available on request for examination at the administrative office of Golden West Dental & Vision.