



# Butler Health Plan

## Summary of Dental Benefits

[www.butlerhealthplan.org](http://www.butlerhealthplan.org)

▶ **Welcome**

The Butler Health Plan (BHP) is a self-funded dental plan for the exclusive benefit of the eligible employees. Your dental benefits exceed those provided to most employees in the public or private sector and are an important part of your overall compensation.

▶ **Claim Payment**

BHP contracts a dental claim administrator to process all your dental claims and pay your provider or you. Dental claim forms are available from your Treasurer or Personnel Department, or the BHP web site. The billing address is on the dental claim form.

▶ **Dental Provider Choice**

BHP currently provides one dental plan. This is a Traditional Plan where participants may select their provider and self-refer to specialists. There is no dental network at this time. The BHP Dental Plan Document is available from your Treasurer or Personnel Department, or the BHP web site.

▶ **Coordination of Benefits (COB)**

BHP will coordinate benefits with other group dental plans; including a second BHP Dental Plan. The rules used in determining which plan is primary payor and which plan is secondary payor are explained in the BHP Dental Plan Document.



**DENTAL CLAIM ADMINISTRATOR**  
**Dental benefit, eligibility or claim questions:**  
**Allied Benefit Systems, Inc.**  
**P.O. Box 909786-60690**  
**Chicago, IL 60690**  
**1-800-288-2078**

### SUMMARY SCHEDULE OF DENTAL BENEFITS

Category	Description	Benefits
Class I – Preventative	<ul style="list-style-type: none"> <li>▪ Routine oral exam &amp; cleaning               <ul style="list-style-type: none"> <li>○ 2 per Calendar Year</li> </ul> </li> <li>▪ Bitewing X-rays               <ul style="list-style-type: none"> <li>○ 2 sets for children under age 18 per Calendar Year</li> <li>○ 1 set for adults per Calendar Year</li> </ul> </li> </ul>	Paid 100%
Annual Deductible	<ul style="list-style-type: none"> <li>▪ Applies to basic and major services per individual per Calendar Year</li> </ul>	Individual \$25 Employee+1 \$50 Family \$50
Class II – Basic	<ul style="list-style-type: none"> <li>▪ Fillings</li> <li>▪ Repairs</li> </ul>	Paid 80% after deductible
Class III - Major	<ul style="list-style-type: none"> <li>▪ Bridges</li> <li>▪ Crowns</li> <li>▪ Dentures</li> </ul>	Paid 60% after deductible
Annual Maximum Benefit	<ul style="list-style-type: none"> <li>▪ Applies to preventive, basic and major services</li> </ul>	\$2,500 maximum benefit each calendar year
Class IV – Orthodontia Lifetime Maximum	<ul style="list-style-type: none"> <li>▪ Braces for children &amp; adults</li> </ul>	Paid 60% \$1,800 per person
Usual & Customary U/C	All dental services are subject to U/C.	

*Note: This is a summary of dental benefits.*

*Revised 4/09*