Redwood Health Services

Mendocino USD
Dental Plan Summary

Group Number	MEUSD
Benefit Year	July 1, 2026 - June 30, 2027
Policy Type	PPO
Maximum	$1,000.00
Deductible	$0.00
Waiting Period	None

Coverage Level- *based on years of service*			
Level 1:	**Level 2:**	**Level 3:**	**Level 4:**
Preventive = 70%	Preventive = 80%	Preventive = 90%	Preventive = 100%
Basic = 70%	Basic = 80%	Basic = 90%	Basic = 100%
Major = 50%	Major = 50%	Major = 50%	Major = 50%

Procedure	Frequency	Age Limitation	Coverage Type
Prophylaxis / Perio Maintenance	2 per benefit year	No age limit	Preventive
Exams / Consultations	2 per benefit year	No age limit	Preventive
Fluoride (topical)	2 per benefit year	Covered until age 14	Preventive
Fluoride (varnish)	Not a covered benefit		
Bitewing x-rays	1 per 6 months	No age limit	Preventive
Full Mouth Series x-rays	1 per 36 months	No age limit	Preventive
Sealants	1 per 36 months per tooth	Covered until age 14	Preventive
Composites (Fillings)	1 per 36 months per tooth	No age limit	Basic
Scaling & Root Planning	1 per 24 months per quadrant	No age limit	Basic
Most Periodontic Services	1 per 36 months per tooth/area	No age limit	Basic
Most Endodontic Services	1 per 24 months per tooth	No age limit	Basic
Most Oral Surgery Services	No frequency	No age limit	Basic
Crowns (primary teeth)	1 per 60 months per tooth	Covered until age 16	Basic
Crowns (permanent teeth)	1 per 60 months per tooth	Covered after age 16	Basic
Bridge / Partial / Denture	1 per 60 months per tooth/area	Covered after age 16	Major
Inlays / Onlays	1 per 60 months per tooth	No age limit	Major
Orthodontics	Paid based on separate $500 Lifetime Maximum	No age limit	Major
Implants	1 per 60 months per tooth	No age limit	Major
Nitrous Oxide	Not a covered benefit		
General Anesthesia	Not a covered benefit		
Occlusal (Night) Guards	Not a covered benefit		

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Prior Extractions	Prior extractions are covered.
Predeterminations	Preauthorizations are not required but suggested for expensive procedures.
Dependent Age Limit	Dependent children will be covered through the end of their birth month when turning 26 years of age.
Claim Filing Limit	All claims, and supporting documentation, must be received by Redwood Health Services within 6 months from the service date to be considered for payment.

For questions, please contact Redwood Health Services.

Contact Information:
Phone: **800 548-7677, option 2**
Email: **rhscustomerservice@rhs.org**
Customer Service Hours:
Monday – Friday, 7:30am - 4:00pm PT

Claim Submission Options:
Fax: **(707) 525-4223**
Email: **rhscustomerservice@rhs.org**
Mail: **3510 Unocal Place #108**
Santa Rosa, CA 95403