



Redwood Health Services

RHS Self-Insured Dental Plans



Redwood Health Services was established in 1976. RHS provides employee benefit plans and third-party administrative services to large and small employers.

We have decades of experience with plan design and benefits administration. Employers who use our services and benefit plans have experienced significant savings. We are flexible, affordable, and we offer superior customer service.

RHS provides two types of Dental Plans:

Usual, Customary and Reasonable (UCR)

This plan will permit your employees' access to most dentists in a geographical area.


The employer sets the UCR percentage; usually 80% to 90% are common reimbursement levels to dentists for their services. An employee may have out-of-pocket expenses if the dentist charges are higher than the established UCR charges in his area.

Dental Networks

The **RHS Dental Network** consists of participating dentists for the self-insured plans administered by Redwood Health Services. Visit www.rhs.org to view or download a PDF file of these participating dentists.

RHS also offers dental networks such as **DenteMax** and **First Dental Health** to employers who prefer to pay dentists on a contractual basis while reducing out-of-pocket expenses to the employee.

You can check out the dentists in your area by going to: www.dentemax.com and www.firstdentalhealth.com.

		BASIC Plus SECONDARY PAYOR	
Member:	ID:	Effective Date:	
Group #:			
Group Name:			
Office Visit Copay:	Dental <input checked="" type="checkbox"/>	Vision <input type="checkbox"/>	
Medical <input type="checkbox"/>			
ID#:			
Group #: G22A			
Bin: 003858			
Brand Copay:			
Claims: 800-548-7677	Redwood Health Services 3510 Unocal Pl, Ste 108 Santa Rosa, CA 95403-0917		

RHS provides a dental card to accommodate whatever option is chosen. We also provide a summary of the employee's dental plan and out-of-pocket responsibilities.

Claims Process

Typically, the dentist's office will bill RHS, and we will pay according to the dental plan benefits. We will then notify the employee of their financial responsibility.



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Sample Dental Benefits

Services		Employer	Member
Deductible for Basic and Major services			\$50
Calendar year maximum benefit per member		\$1,500	
Preventive & Diagnostic	Benefit Limits	Benefit	Responsibility
Oral examinations	No more than 1 in any 6 consecutive months or 2 times each calendar year	100%	0%
Routine prophylaxis or periodontal cleaning	No more than one in any 6 consecutive months or 2 times each calendar year	100%	0%
Topical fluoride treatments**	No more than 1 in any 6 consecutive months	100%	0%
Sealants**	No more than 1 application on the same tooth in any 36 consecutive months	100%	0%
Space maintainers**	Incl. adjustments w/in 6 months of installation	100%	0%
Bite-wing X-rays	No more than 1 set in any 6 consecutive months	100%	0%
Full-mouth and panoramic X-rays	One time every 24 months	100%	0%
X-rays, diagnostic		100%	0%
Consultations		100%	0%
Basic	Benefit Limits	Benefit	Responsibility
Emergency examinations and palliative treatments		80%	20%
Amalgam or composite restorations (fillings)		80%	20%
Periodontics		80%	20%
Occlusal adjustments	SAMPLE	80%	20%
Endodontics		80%	20%
Oral surgery		80%	20%
General anesthesia, if required for extracting impacted teeth		80%	20%
Repair of dentures, partial dentures, or fixed bridges		80%	20%
Re-cement of inlays/crowns		80%	20%
Major	Benefit Limits	Benefit	Responsibility
Initial or replacement crowns		50%	50%
Initial inlays/onlays		50%	50%
Porcelain restorations		50%	50%
Post and core		50%	50%
Initial or replacement dentures, partial dentures, or fixed bridges		50%	50%
Orthodontia	Benefit Limits	Benefit	Responsibility
Orthodontic procedures**	Lifetime maximum benefit of \$1,000	50%	50%

* This plan pays in the 80th percentile of usual, customary, and reasonable rates (UCR) **OR** The percentages shown are based on billed charges.

** Limited to children under the age of 19.



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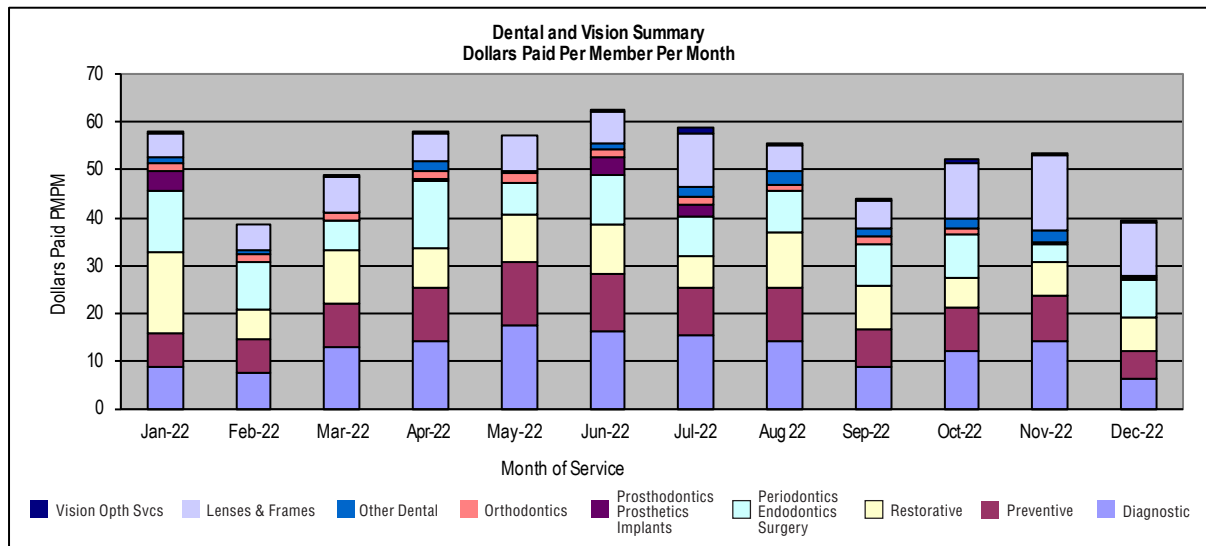
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ABC Company – December-2022

2022 Dental and Visions Claim Summary Report by Month of Service

Includes dental emergency services, which may be classified as “ER” on the Medical Summary Report.

Service	Dollars Paid									Monthly	YTD
	Diagnostic	Preventive	Restorative	Periodontics, Endodontics, Surgery	Prosthodontics Prosthetics, Implants	Orthodontics	Other Dental	Lenses & Frames	Vision Ophth Services		
Jan-22	\$ 5,818	\$ 4,586	\$ 11,220	\$ 8,165	\$ 2,881	\$ 1,050	\$ 727	\$ 3,421	\$ 211	\$ 38,079	\$ 38,079
Feb-22	\$ 5,138	\$ 4,706	\$ 4,069	\$ 6,606		\$ 900	\$ 647	\$ 3,724		\$ 25,790	\$ 63,869
Mar-22	\$ 8,810	\$ 6,076	\$ 7,450	\$ 3,967	\$ 123	\$ 1,125	\$ 44	\$ 4,774	\$ 245	\$ 32,615	\$ 96,483
Apr-22	\$ 9,599	\$ 7,496	\$ 5,502	\$ 9,408	\$ 140	\$ 1,200	\$ 1,339	\$ 3,734	\$ 199	\$ 38,618	\$ 135,101
May-22	\$ 11,827	\$ 8,829	\$ 6,532	\$ 4,557		\$ 1,200	\$ 378	\$ 4,819		\$ 38,142	\$ 173,243
Jun-22	\$ 10,952	\$ 7,908	\$ 6,885	\$ 6,913	\$ 2,626	\$ 1,050	\$ 740	\$ 4,513	\$ 10	\$ 41,596	\$ 214,839
Jul-22	\$ 10,454	\$ 6,854	\$ 4,430	\$ 5,657	\$ 1,773	\$ 1,050	\$ 1,366	\$ 7,627	\$ 804	\$ 40,015	\$ 254,854
Aug-22	\$ 9,698	\$ 7,749	\$ 7,760	\$ 5,952		\$ 900	\$ 1,935	\$ 3,695	\$ 289	\$ 37,979	\$ 292,833
Sep-22	\$ 6,267	\$ 5,173	\$ 6,412	\$ 6,131		\$ 900	\$ 1,392	\$ 3,995	\$ 79	\$ 30,349	\$ 323,182
Oct-22	\$ 8,437	\$ 6,662	\$ 4,193	\$ 6,520		\$ 750	\$ 1,519	\$ 7,991	\$ 649	\$ 36,721	\$ 359,903
Nov-22	\$ 9,968	\$ 6,729	\$ 5,048	\$ 2,402		\$ 525	\$ 1,753	\$ 10,832	\$ 378	\$ 37,634	\$ 397,537
Dec-22	\$ 4,567	\$ 4,137	\$ 4,886	\$ 5,475		\$ 225	\$ 530	\$ 7,706	\$ 349	\$ 27,875	\$ 425,412
Total	23.86%	18.07%	17.48%	16.86%	1.77%	2.55%	2.90%	15.70%	0.75%	\$ 425,412	
AVG PMPM	\$ 11.82	\$ 8.95	\$ 8.66	\$ 8.35	\$ 0.87	\$ 1.26	\$ 1.44	\$ 7.78	\$ 0.37	\$ 49.53	



Contact Redwood Health Services

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