

Chapter 4 Medical Benefits Chart (what's covered and what you pay)

Covered Service	What you pay
Routine Dental Visits Oral exams and cleanings: two visits per year. X-rays and fluoride treatment: one per year. Other diagnostic and preventive dental services are also covered. See the dental schedule at the end of the Medical Benefit Chart. Comprehensive Dental Services We cover: Restorative services, endodontics, periodontics, prosthodontics (removable), maxillofacial prosthetics, prosthodontics (fixed), oral and maxillofacial surgery, and adjunctive general services. What these services mean Restorative: Repairs decayed or damaged teeth, such as fillings. Endodontics: Treats the inside of a tooth, such as root canal treatment. Periodontics: Treats gum disease and the tissues supporting teeth, such as deep cleaning. Prosthodontics (removable): Replaces missing teeth with full or partial dentures you can take out. Prosthodontics (fixed): Restorations that stay in place, such as crowns and bridges. Oral and maxillofacial surgery: Surgery involving teeth, mouth, or jaw, such as tooth removal. Adjunctive general services: Supporting dental care, such as certain pain-relief or sedation services. <i>These explain service categories, not approval of every procedure. The plan's dental schedule determines covered procedures and limits.</i>	\$3,000 annual allowance for diagnostic, preventive, and comprehensive dental care. \$0 copayment for covered preventive dental services until the annual maximum is met. \$0 copayment for covered comprehensive dental services until the annual maximum is met. Member is responsible for all costs once the annual combined benefit maximum allowance has been exhausted. Allowance is shared for In and Out-of-Network services. Out-of-Network: 50% coinsurance The out-of-network benefit will be covered at the same level as the in-network benefit but the amount covered for that service may be less than what the non-participating provider