

# Dental Health: Comprehensive Rider

Covering services beyond preventative dental.

Taking care of your health includes caring for your teeth. Your dental health can have a direct impact on your overall health and well-being and may have an influence on the development of certain conditions, such as diabetes and heart disease.

The Dental Comprehensive Rider covers services beyond those outlined in your preventative dental benefits included with your plan membership, without the need for a referral or preauthorization. Members receive all these additional services with only a \$25 additional monthly premium, when using our contracted network of dentists.

You must submit a request for reimbursement for all out-of-network dental service(s); members may be responsible for cost over the allowable rate and your copay when seeing an out-of-network provider.

Please refer to the Summary of Benefits or the Evidence of Coverage for the details regarding included preventative dental services. Preventative service benefits include dental cleanings, oral exams, x-rays, and Medicare-covered exams.

DESCRIPTION	SERVICES	COPAY
<b>\$25 Monthly premium</b>		
<b>Fillings</b> —up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, or D2332)	<ul style="list-style-type: none"> <li>- Amalgam filling, 1 surface; D2140</li> <li>- Amalgam filling, 2 surfaces; D2150</li> <li>- Amalgam filling, 3 surfaces; D2160</li> <li>- Resin-based filling anterior, 1 surface; D2330</li> <li>- Resin-based filling anterior, 2 surfaces; D2331</li> <li>- Resin-based filling anterior, 3 surfaces; D2332</li> <li>- Composite-based filling anterior, 1 surface; D2391</li> <li>- Composite-based filling anterior, 2 surfaces; D2392</li> <li>- Composite-based filling anterior, 3 surfaces; D2393</li> </ul>	\$80 copay each

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a Medicare Advantage organization with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

DESCRIPTION	SERVICES	COPAY
<b>Dentures</b> —1 set of full or partial dentures every 5 years; adjustments are covered on new dentures for the first 3 months post-delivery	<ul style="list-style-type: none"> <li>- Complete denture, upper; D5110</li> <li>- Complete denture, lower; D5120</li> <li>- Immediate denture, upper; D5130</li> <li>- Immediate denture, lower; D5140</li> <li>- Partial denture, upper, resin-based; D5211</li> <li>- Partial denture, lower, resin-based; D5212</li> <li>- Partial denture, upper, cast metal; D5213</li> <li>- Partial denture, lower, cast metal; D5214</li> </ul>	\$650 each
<b>Extractions</b> —up to 4 of these services per year	Erupted tooth; D7140	\$70 each
	Surgical removal; D7210	\$90 each
<b>Crowns</b> —up to 2 per year with 6-month waiting period	<ul style="list-style-type: none"> <li>- Porcelain/ceramic substrate; D2740</li> <li>- Porcelain fused to high noble metal; D2750</li> <li>- Porcelain fused to base metal; D2751</li> <li>- Porcelain fused to noble metal; D2752</li> <li>- Full cast base metal; D2791</li> <li>- Full cast noble metal; D2792</li> </ul>	\$350 each
<b>Periodontics</b>	<ul style="list-style-type: none"> <li>- Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341</li> <li>- Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342</li> <li>- Full mouth debridement; 1 per 2 years; D4355</li> </ul>	\$50 per quad

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Out-of-pocket costs for this supplemental benefit do not apply to Maximum-Out-of-Pocket (MOOP).