

Dental Health: Comprehensive Rider

Covering services beyond preventative dental.

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.

Comprehensive services covered in the rider include fillings, dentures, partials, crowns, and periodontics.

For a complete list of covered services, please see your Evidence of Coverage.



DESCRIPTION	SERVICES	IN-NETWORK COPAY
\$25 Monthly premium		
Fillings —up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, D2332, D2391, D2392, or D2393)	<ul style="list-style-type: none"> - Amalgam filling, 1 surface; D2140 - Amalgam filling, 2 surfaces; D2150 - Amalgam filling, 3 surfaces; D2160 - Resin-based filling anterior, 1 surface; D2330 - Resin-based filling anterior, 2 surfaces; D2331 - Resin-based filling anterior, 3 surfaces; D2332 - Composite-based filling anterior, 1 surface; D2391 - Composite-based filling anterior, 2 surfaces; D2392 - Composite-based filling anterior, 3 surfaces; D2393 	\$80 copay each
Dentures —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"> - Complete denture, upper; D5110 - Complete denture, lower; D5120 - Immediate denture, upper; D5130 - Immediate denture, lower; D5140 - Partial denture, upper, resin-based; D5211 - Partial denture, lower, resin-based; D5212 - Partial denture, upper, cast metal; D5213 - Partial denture, lower, cast metal; D5214 	\$650 each
Extractions —up to 4 of these services per year	Erupted tooth; D7140	\$70 each
	Surgical removal; D7210	\$90 each
Crowns —up to 2 per year with 6-month waiting period	<ul style="list-style-type: none"> - Porcelain/ceramic substrate; D2740 - Porcelain fused to high noble metal; D2750 - Porcelain fused to base metal; D2751 - Porcelain fused to noble metal; D2752 - Full cast base metal; D2791 - Full cast noble metal; D2792 	\$350 each
Periodontics	- Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341	\$50 per quad
	- Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342	\$25 per quad
	- Full mouth debridement; 1 per 2 years; D4355	\$25 per quad

For out-of-network copays, please refer to your Evidence of Coverage.

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

If your out-of-network dentist will not submit a claim on your behalf, 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.

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.