



Dental Health

Preventive dental care is important to your health.

Dental health can have a direct impact on your overall health and well-being and may influence the development of certain conditions, such as diabetes and heart disease. Preventive dental services are included in all benefit offerings and include dental cleanings, oral exams, X-rays, and Medicare-covered exams. Please refer to the Summary of Benefits or the Evidence of Coverage for complete details regarding included preventive dental services.

As the state's leading dental insurance provider, Delta Dental® of North Carolina offers the largest network of dentists. Nationally, Delta Dental covers more than 80 million Americans and offers the country's largest dental network with approximately 157,000 participating dentists. Across the state, there are more than 3,500 licensed dentists in the network, giving you access to 36 percent more dentists than Delta's closest competitor.

Not only is your dental network more accessible, your copays are more affordable. Copays for routine exams, cleanings, and X-rays are \$10 for PPO I members and \$0 for PPO II members.

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.

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DESCRIPTION	SERVICES	PLAN I COPAY	PLAN II COPAY
In-Network			
Preventive Dental Exam & Cleaning	- Comprehensive oral evaluation, D0150, 1 per 3 years	\$10 copay	\$0 copay
	- Office visit, D9430, 1 every 6 months	\$10 copay	\$0 copay
	- Dental exam (periodic oral evaluation), D0120, 1 every 6 months	\$10 copay	\$0 copay
	- Dental cleaning (prophylaxis), D1110, 1 every 6 months	\$10 copay	\$0 copay
X-rays	- Intraoral, complete series including bitewing images, D0210; 1 set per year	\$10 copay	\$0 copay
	- Panoramic film, D0330; 1 per year	\$10 copay	\$0 copay
Medicare-covered Dental Service	- These include certain necessary dental services performed in a hospital as the result of an emergency, accident, or complicated dental procedure.	\$35 copay for each Medicare-covered dental service	\$20 copay for each Medicare-covered dental service
Out-of-Network			
Preventive Dental Exam & Cleaning	- Comprehensive oral evaluation, D0150, 1 per 3 years	\$30 copay	\$20 copay
	- Office visit, D9430, 1 every 6 months	\$30 copay	\$20 copay
	- Dental exam (periodic oral evaluation), D0120, 1 every 6 months	\$30 copay	\$20 copay
	- Dental cleanings (prophylaxis), D1110, 1 every 6 months	\$30 copay	\$20 copay
X-rays	- Bitewings, D0270-D0274, up to four radiographic images per 12 months	\$30 copay	\$20 copay
	- Intraoral, complete series including bitewing images, D0210; 1 set every 3 years	\$30 copay	\$20 copay
	- Panoramic film, D0330; 1 set every 3 years	\$30 copay	\$20 copay
Medicare-covered Dental Service	- These include certain necessary dental services performed in a hospital as the result of an emergency, accident, or complicated dental procedure.	\$50 copay for each Medicare-covered dental service	\$45 copay for each Medicare-covered dental service

The annual maximum benefit for all preventive and x-ray services is \$750.

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

You must submit a request for reimbursement for out-of-network service; members may be responsible for cost over the allowable rate when seeing an out-of-network provider.