

Optional Coverage: Comprehensive Dental Rider

Covering services beyond preventative dental.

The Dental Comprehensive Rider covers services beyond those outlined in your preventive dental benefits included with your plan membership. These benefits don't need a referral or preauthorization. Members receive these services with 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. Visit HealthTeamAdvantage.com to see if your dentist is part of the Delta Dental network.



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

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DESCRIPTION	SERVICES	IN-NETWORK COPAY	OUT-OF-NETWORK COPAY PPO ONLY
\$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 Composite Filling Anterior, 1 surface; D2330 - Resin-based Composite Filling Anterior, 2 surfaces; D2331 - Resin-based Composite Filling Anterior, 3 surfaces; D2332 - Resin-based Composite Filling Posterior, 1 surface; D2391 - Resin-based Composite Filling Posterior, 2 surfaces; D2392 - Resin-based Composite Filling Posterior, 3 surfaces; D2393 	\$80 copay each	\$100 copay each
Dentures —1 set of full or partial dentures every 5 years	<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 - Adjustments are covered on new dentures for the first 3 months post-delivery. 	\$650 each	\$812.50 copay
	- Denture adjustment; D5410/D5411/D5421/D5422	\$30 each	\$37.50 each
Extractions —up to 4 of these services per year	- Erupted tooth; D7140	\$70 each	\$87.50 copay
	- Surgical removal; D7210	\$90 each	\$112.50 copay
Crowns —up to 2 of any of these services per year	<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	\$437.50 copay
Periodontics	- Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341	\$50 per quad	\$62.50 per quad
	- Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342	\$25 per quad	\$31.25 per quad
	- Full mouth debridement; 1 per 2 years; D4355	\$25 per quad	\$31.25 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. Please mail direct member reimbursements to Delta Dental of NC, PO Box 9298, Farmington Hills, MI 48333-9298.