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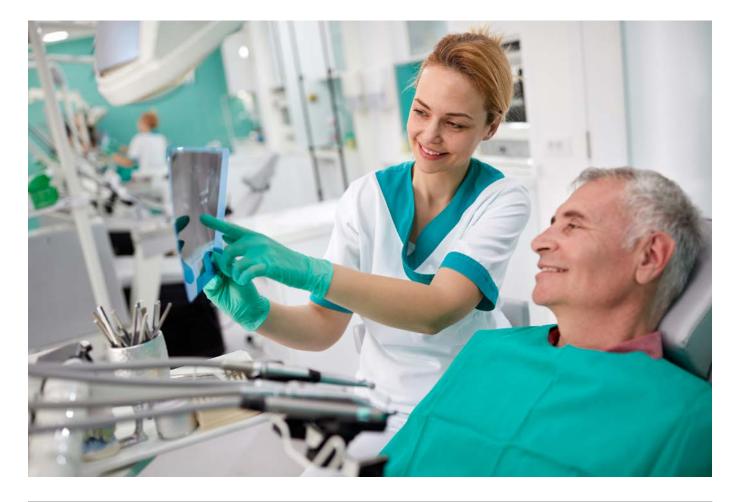
Optional Coverage: Comprehensive Dental Rider

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.

H9808_22_34_M

DESCRIPTION	SERVICES		OUT-OF- NETWORK COPAY
\$25 Monthly premi	СОРАҮ	PPO ONLY	
Fillings —up to any 4 of these services per year (D2140, D2150, D2160, D2330, D2331, D2332, D2391, D2392, or D2393)	 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; 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	 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
Extractions—up	- Denture adjustment; D5410/D5411/D5421/D5422	\$30 each	\$37.50 each
to 4 of these	- Erupted tooth; D7140	\$70 each	\$87.50 copay
services per year	- Surgical removal; D7210	\$90 each	\$112.50 copay
Crowns—up to 2 of any of these services per year	 Porcelain/ceramic substrate; D2740 Porcelain fused to high nobel metal; D2750 Porcelain fused to base metal; D2751 Porcelain fused to noble metal; D2752 Full cast base metal; D2791 Full cast nobel metal; D2792 	\$350 each	\$437.50 copay
Periodontics	 Scaling and root planing (4 or more teeth per quadrant); 4 quads per 2 years; D4341 Scaling and root planing (1-3 teeth per quadrant); 4 quads per 2 years; D4342 Full mouth debridement; 1 per 2 years; D4355 	\$25 per quad	\$62.50 per quad \$31.25 per quad \$31.25 per quad
	- i un mouth debridement, 1 per 2 years, D4555	JZJ PEI Yudu	JJT.ZJ PEI Yudu

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 <u>must</u> submit a request for reimbursement for all out-of-network dental service(s); members may be responsible for cost over the allowable rate <u>and</u> 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.